

TELLING ONE'S STORY: UNDERSTANDING HEALING AS IT IS CONVEYED IN THE
MEMOIRS OF CHILDHOOD SEXUAL ABUSE SURVIVORS

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Abstract

The purpose of the current study is to better understand the experience of healing after childhood sexual abuse (CSA) through analysis of existing survivor narratives. Traditionally, study of CSA survivors has been approached from a point of view that categorizes their response to abuse as a deficit or disorder. A recent movement in the study of CSA has been toward viewing CSA survivors in terms of resilience and healing. The current research study is informed from the social constructivist paradigm, and uses narrative and hermeneutics to gain a better understanding of healing from CSA by examining existing narratives of healing written by survivors. The method of narrative analysis employed is Lieblich Tuval-Mashiach & Zilber's (1998) holistic-content approach. After interpreting each individual narrative, an overarching analysis was generated by interpretation of commonalities across memoirs. The narratives and my subsequent analysis of the narratives generated a storied construction of healing, organized into three themes: *The Process of Transformation*, *From the Private to the Public*, and *Connecting to Others*. The results are discussed in light of the socio-cultural and political landscapes, as well as in terms of the concept of self-compassion. Strengths and limitations of the study, as well as considerations for future research are considered.

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Chapter 1: INTRODUCTION

Childhood sexual abuse (CSA) is a prevalent problem faced by the whole of society and one that is associated with many long term effects for survivors (Banyard, Williams, & Siegal, 2004; Canadian Centre for Justice Statistics, 2011). There is a large body of research that documents the psychological, behavioural, interpersonal, physical, and social consequences of CSA (Banyard, et al., 2004; Beitchman, Zucker, Hood, DaCosta, Akman, Cassavia, 1992; Trickett, Noll, & Putnam, 2011) for the survivor. Traditionally studies have been approached from the point of view which considers survivors' responses to their abuse as a deficit or disorder (Linder, 2004b; Shaw & Proctor, 2005; Warner, 2009). A recent movement in the study of CSA has moved toward viewing CSA survivors in terms of resilience and healing (Liem, James, O'Toole, Boudewyn, 1997). Such research aims to understand the motivation toward self-actualization, and the factors involved in facilitating resilience and healing (Richardson, 2002). The current research study and uses narrative inquiry and hermeneutics to gain a better understanding of the experience of healing from CSA as it is communicated in the memoirs of survivors.

1.1 Motivation

1.1.1 Personal Motivation

The origin of this study, and it turns out my decision to pursue a master's degree to become a counsellor, can be traced back to a particular day while training for my volunteer work at the sexual assault crisis centre in my hometown. I had not chosen to volunteer for the crisis centre because of any particular interest in working with survivors of sexual assault or child sexual abuse, rather I wanted to volunteer somewhere and my mother had done work at the centre and informed me that they were in need of volunteers. The volunteer training at this crisis centre is excellent, very thorough, and includes several guest speakers that come to speak to trainees during the three week training period. One of these speakers spent an afternoon with us in order to provide the aboriginal perspective on survival from sexual abuse, and included a discussion on the legacy of residential school abuse in her family. She brought her sister with her although her sister did not speak, and she told the story of their family and their experiences of abuse within their family in a very raw and emotional manner. I was both captivated and

moved by her story and I struggled to hold back tears as she spoke. She ended her talk with a traditional song and drum performance, which we all listened to with our eyes closed. The song was both haunting and powerful and I was moved by the pain and triumph expressed in it. I only managed to offer a quick “thank you” as I left the room, and when I got into my car I wept. The hope expressed in the speaker’s story had transformed my ideas about survivors of child sexual abuse, and had sparked within me a strong motivation to work with survivors beyond the volunteer capacity. That woman’s story speaks to the power that a story can hold. Her story changed my life. From then on I changed the focus of my education, and have gone on to work with survivors of childhood sexual abuse as a counsellor. The motivation to do this study lies in the revelation I had that day when I heard healing expressed as hope and triumph born from a painful history.

1.1.2 Research Context

Once thought of as a somewhat harmless and relatively rare occurrence (Herman, 1997; Putnam, 2003); child sexual abuse is now commonly understood as being incredibly harmful and much more common than previously understood (Banyard, et al., 2004; Herman, 1997; Walsh, Blaustein, Grant-Knight, Spinazzola & van der Kolk, 2007). The World Health Organization reports that 20% of women and 5-10% of men have experienced sexual abuse as children (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). For individuals who have experienced CSA the long term effects can be devastating and touch many aspects of their lives. Survivors of CSA are at a higher risk of developing a wide range of mental health issues, addictions, and interpersonal difficulties (Banyard, Williams, & Siegal, 2001). It has also been suggested that survivors of CSA experience more shame and self-blame than individuals who experience other types of sexual violence (Miller, Handley, Markman, & Miller, 2010) due to a variety of reasons that will be discussed further in this text

1.2 Purpose of the Research

The purpose of the current study is to gain a better understanding of the experience of healing from childhood sexual abuse as it is communicated in the memoirs of survivors

1.3 Research Question

How is the meaning of healing after childhood sexual abuse conveyed in the narratives of survivors?

1.3 Research Approach

It is critical that those who are in the helping professions learn from survivors who have experienced healing in order to benefit from their knowledge. Without survivor knowledge effective tools that may facilitate healing may be missed. My study seeks to better understand the meaning of healing from the perspective of CSA survivors by analyzing existing narratives written by those who have experienced self-proclaimed healing.

The stories that people tell represent the meaning that people make out of events and experiences in their lives (Josselson, 2011). The study of stories is the study of what Bruner (1987) calls “life told”. The narrative materials that I have used as data are existing published memoirs written by survivors of CSA from the perspective of healing. My study does not involve participants; therefore I could not co-construct meaning which is integral to narrative research (Creswell, 2009). I could only infer meaning from the text and understand it through my own subjective lens. The lens that I bring to the reading of the memoirs of CSA survivors is a critical feminist lens, as well as the previous knowledge that I hold from my own history, education, and work. My research methodology can be better understood as mixed qualitative or pluralist research that combines narrative inquiry and hermeneutics to understand healing as it is conveyed in the memoirs of CSA survivors.

1.4 Relevance

The aim of this research study is to contribute to the growing body of literature that approaches the topic of CSA with a focus on resilience, strength, and healing (Shaw & Proctor, 2005). This research will add to the literature that prioritizes survivors’ knowledge and does not characterize survivors based on their disorder, but sees them as individuals coping with difficult life experiences.

Chapter 2: LITERATURE REVIEW

In order to position the current research study within the body of research that exists on the topic of healing from CSA, the following is a review of the relevant literature that guides my research method. A definition, as well as prevalence of CSA is presented, along with a brief review of the history of inquiry into the topic. Additionally, a discussion is included of the socio-political context of CSA, the long-term impact of CSA, coping with psychological trauma,

therapy interventions, and resilience. I conclude with a discussion of the concept of healing as it is presented in the literature.

2.1 Child Sexual Abuse

2.1.1 Definition

The Canadian Incidence Study of Reported Child Abuse and Neglect (Trocme & Wolfe, 2001) defines CSA as “when a child is used for sexual purposes by an adult or youth. Sexual abuse includes fondling a child's genitals, intercourse, incest, rape, sodomy, exhibitionism, and commercial exploitation through prostitution or the production of pornographic materials.” (p. 13). Wolfe & Yuan acknowledge that CSA is “emotionally abusive to the child’s senses of self, trust, and personal safety” (2001, p. 5). The Saskatoon Sexual Assault and Information Centre’s definition states that CSA “occurs when an adult, an adolescent, or another child uses a younger child for his/her sexual stimulation or gratification” (SSAIC, 2008). Goodyear-Brown, Fath, & Myers (2012) define CSA as “any sexual activity involving a child in which the child is unable or unwilling to give consent” and they characterize sexual activity as including touching and fondling of genitals, oral acts involving genitalia, penetration, sexual exploitation, and exposure to sexually explicit materials. Goodyear-Brown and colleagues further acknowledge that sexual coercion by another child may be considered CSA if that child has any positional authority based on age or hierarchical difference (Goodyear-Brown, et al., 2012).

A definitive definition of CSA is elusive not only because the language that defines what counts as sexual abuse and what constitutes childhood varies in different academic and legal domains, but also because these concepts shift according to their historical and social contexts (Goodyear-Brown, et al., 2012; Warner, 2009). It is for this reason that it is also acknowledged that survivors’ understanding of their experience is important to consider when defining what counts as CSA.

2.1.2 Prevalence

Statistics of prevalence are difficult to obtain due to definitional inconsistency and under-reporting to authorities (Goodyear-Brown, et al., 2012). The General Social Survey conducted in 2009 by Statistics Canada (CCJS, 2011), found that the 2009 incidence rate for reported sexual offenses against children aged 0-17 was 200 per 100,000 children. This rate represents new cases of reported abuse and most certainly underestimates the true prevalence of CSA in Canada,

due to the fact that many instances of CSA go unreported (Wolfe & Yuan, 2001). The Canadian Child Maltreatment Surveillance Report suggested the prevalence estimate of 12.8% for females and 4.8% for males (Wolfe & Yuan, 2001). The World Health Organization reports that 20% of women and 5-10% of men have experienced CSA (Krug, et al., 2002). By their estimates up to nearly 1 in 3 children worldwide has experienced CSA in their lifetime. Considering the history of underestimation and our knowledge that most incidences of CSA do not get disclosed, it may be safe to assume that the higher estimates reveal a more accurate picture of the prevalence of CSA.

The nature of CSA as it occurs in Canada is further illuminated by the Canadian Centre for Justice Statistics report, *Family Violence in Canada: A Statistical Profile* (2011), which presents statistics based on reported incidences of family violence. The CCJS report states that 85% of sexual assaults and physical assaults are committed by someone known to the child and about three in ten assaults are committed by a family member. The statistics regarding perpetrators reported by CCJS are similar to those reported in the United States, which found that about one third of sexual assaults are perpetrated by a family member (Sedlak, Mettenburg, Basena, Petta, McPherson, Petta, Green, & Spencer, 2010). The CCJS also reported that girls were four times more likely to experience family related sexual assault than boys (2011). Furthermore, for girls, the rate of sexual victimization tended to increase throughout childhood and peaked around age fourteen, while for boys, rates of CSA were highest between age five and eight. In terms of physical severity of reported incidences of CSA, less than one percent of reports involving children were of aggravated sexual assault, sexual assault with a weapon, or sexual assault causing bodily harm (CCJS, 2011).

2.1.3 History of Inquiry

The history of inquiry into the phenomenon of CSA is characterized by denial of the both the prevalence in society and damaging effect experienced by survivors (Herman, 1997; Shaw & Proctor, 2005). Intense study of the disorder called hysteria in the late nineteenth century by Pierre Janet & Sigmund Freud, among others, revealed stunning revelations, as outlined in Freud's *The Aetiology of Hysteria* (1896). He postulated that the cause of hysteria was childhood trauma, namely childhood sexual abuse, although he abandoned this theory due to its controversial nature (Herman, 1997). Later, psychiatrists began to uncover the after-effects of psychological trauma while working with soldiers fighting in the wars of the early to mid-

twentieth century, reporting findings in reactions to the horrors of combat, which they labelled combat neuroses or shell shock (McHugh & Treisman, 2007). Considerable study of the veterans of the Vietnam war resulted in a body of research pointing to a discreet syndrome unique to psychological trauma, and led to the inclusion of post-traumatic stress disorder in the DSM-III in 1980 (McHugh & Treisman, 2007).

When introduced in the DSM III the stressor criterion was classified as an event that was “generally outside the realm of usual human experience” (Brewin, Lanius, Novac, Schnyder, & Galea, 2009). Research in the following years revealed that traumatic experiences resulting in distress qualifying for the PTSD diagnosis was far more common, and was not limited to war combat and natural disaster (Brewin, et al., 2009). The women’s liberation movement of the 1970’s illuminated the violence that was commonplace in the domestic lives of women and children (Herman, 1997). Soon the diagnosis was being applied to women who had experienced abuse including domestic violence, rape, and stalking (Herman, 1997). The criteria for diagnosis of PTSD were further developed throughout the subsequent revisions of the DSM, resulting in the current criteria: exposure to a traumatic event (criterion A); persistent re-experiencing (Criterion B); persistent avoiding and emotional numbing (criterion C); persistent symptoms of increased arousal (criterion D); duration of more than 1 month (criterion E); and significant impairment (criterion F) (Oltmanns, Emery, Taylor, 2006). It has been proposed that the diagnosis be further differentiated to include those who have experienced persistent and repeated trauma, namely childhood sexual and physical abuse. Proponents of the differentiated diagnosis suggest that the unique nature of sustained child abuse trauma warrants a new diagnosis named complex post-traumatic stress disorder (Cloitre, Stolbach, Herman, van der Kolk, Pynoos, & Petkova, 2009; Herman, 1997). While many researchers in the field of CSA see the recognition of the impact of sexual violence in the DSM as a coup, others reject the notion of characterizing the constellation of symptoms following CSA as anything but a normal reaction to traumatizing life events (McHugh & Treismann, 2007; Shaw & Proctor, 2005).

2.1.4 Child Sexual Abuse in a Socio-Political Context

The feminist movement of the 1970’s shone a light on the issue of CSA, with the recognition that CSA is a matter of gender and power (Herman, 1997; Messing, 2011; Shaw & Proctor, 2005; Warner, 2009; Whittier, 2009). Previous research has shown that women and girls are at a much greater risk of experiencing sexual violence than males (Canadian Centre for

Justice Statistics, 2011). The history of denial and secrecy of CSA is directly a result of the structures of power that have historically been in place which have seen women and children in a subjugated position (Herman, 1997; Messing, 2011; Warner, 2009). Furthermore, the study, diagnosis, and treatment of CSA exist within the socio-political structure that has historically been constructed by dominant forces in society (Warner, 2009). The pertinent dominant force in this context is mainstream mental health practice, and in a greater sense, medical practice (Warner, 2009). The medical perspective traditionally works from the assumption that the within the realm of mental health, there exists distinct disorders with specific etiology and resulting symptoms (Warner, 2009). The diagnosis and treatment of these mental health disorders is situated firmly with in the predominant medical model, which privileges the expert opinion of medical professionals (psychiatrists) and to a lesser extent, mental health professionals (psychologists, counsellors, and social workers) (Warner, 2009). Resulting from the predominant model of mental health, we have diagnostic manuals, such as the DSM-IV-TR, which focus on pathology rather than health, healing, and individual resilience (Warner, 2009).

In opposition to the medical and positivist perspective on CSA, feminist authors have contributed their perspective on the topic of CSA including the aetiology of abuse and the treatment of survivors in society (Gaarder, 2000; Seymour, 1998). The feminist perspective offers an understanding of the abuse of children in the context of the patriarchal structure of society, male supremacy, and the sexual socialization of males and females inherent in such a society (Seymour, 1998). Within patriarchy, men are granted the power to dominate women, and taught that their needs and desires are to be fulfilled at the expense of others (Seymour, 1998). CSA is an expression of the power that men have over women, and that adults have over children (Seymour, 1998).

In her feminist theory of the aetiology of CSA, Seymour (1998) suggests that CSA is facilitated by patriarchy and the sexual and gender socialization of males. Within a patriarchal society, males are socialized to adopt a predatory approach to sex that integrates aspects of dominance and control. Perpetrators of CSA may be motivated to abuse children because of the opportunity to exert control that may not be afforded to them in their sexual experiences with adults (Seymour, 1998). Furthermore, Seymore states that the social construction of masculinity and the socialization of males in terms of gender roles, effectively trains males to be emotionally illiterate, which contributes to CSA by robbing males of the skills required to empathize with

others, express feelings, and confirm their self-worth through affiliation with others; instead, society invites males to satisfy their emotional needs through sexuality (1998). In this feminist perspective, patriarchal society creates the opportunity for CSA by devaluing women and children, by socializing males to fulfill their emotional and sexual needs through the sexual dominance and control of others, and by the socialization of females to accept their subordinate roles in all aspects of life (Seymour, 1998).

The focus on diagnosis and pathologization of, in particular, reaction to psychological trauma, identifies the source of the problem within the individual (Warner, 2009). Instead of viewing the situational or external events as the source of distress, we are to view these as triggers that instigate mental illness. Several diagnoses are commonly given to those suffering from the effects of CSA, including the previously discussed PTSD and the more controversial borderline personality disorder and dissociative identity disorder (Shaw & Proctor, 2005). The medical approach to psychological pain has become so engrained that using anything other than diagnostic language is socially discouraged behavior, as Warner (2009) contends “we can argue about which diagnosis is most applicable, but not whether diagnosis is, in itself, a useful way of conceptualizing women’s responses to child sexual abuse” (p.19). As a result of this diagnostic labelling, survivors are put in a position to feel ashamed of their ways of coping, and are at risk for increased pain and stigmatization. By adopting a sensitive and compassionate approach to work with CSA survivors, researchers and practitioners must privilege their knowledge and refrain from imposing oppressive diagnoses on them.

2.2 Impact

The numerous deleterious consequences, across a range of bio-psycho-social domains, associated with CSA have been documented in the large body of research on the subject (Goodyear-Brown, et al., 2012; Kendall-Tackett, 2012; Trickett, et al., 2011). The impact of CSA is recognized not only in terms of its effect on the individual, but also its burden as a major public health problem (Kendall-Tackett, 2012). For the purpose of completing a thorough review of the literature, I have included discussion of mental health diagnoses and physical health problems that have been established as effects of CSA, however; it is recognized that survivors should not be characterized by their ways of coping or their utilization of public health resources. While the suffering of CSA survivors is acknowledged, the recognition of the impact of CSA as a social issue is also recognized.

2.2.1 Trajectory of Abuse Effects

Children who are sexually abused often cannot verbally communicate what has happened to them for reasons such as fear or lack of language skills (Goodyear-Brown et al., 2012). When children do not have the words to disclose CSA, they often display symptoms that communicate that something is wrong, including sudden changes in affect or behavior (Goodyear-Brown et al., 2012). Some changes that have been noted include a sudden fear of being alone, clinginess, sleep disturbances, nightmares, learning difficulties, poor concentration (Hibbard & Hartman, 1992), as well as aggression (McClain, Girardet, Lahoti, Cheung, Berger, & McNeese, 2000), social withdrawal (Herbert, 1987), sexual behaviors (Bernet, 1997), depression, and suicidal ideation (Putnam, 2003). Childhood depression manifests differently than in adulthood depression (Goodyear-Brown, et al., 2012). Children express depression as anhedonia, pathological guilt, social withdrawal, fatigue, impairment in school functioning, and low self-esteem (Goodyear-Brown, et al., 2012).

The nature and severity of abuse have been shown to have an effect on the trajectory of abuse effects (Goodyear-Brown, et al., 2001; Molnar, Buka, Kessler, 2001; Trickett, et al, 2011). Children who experienced noncontact CSA were 4.6 times more likely to develop depression than their peers who had not been abused, while children who had been subjected to CSA involving intercourse were 8.1 times more likely to develop depression and 11.8 times more likely to attempt suicide (Fergusson, Horwood, & Lynskey, 1996). Another variable that effects the relationship between CSA and its consequences is the relationship between the perpetrator and the child, with closer relationships resulting in poorer outcomes for the child (Putnam, 2003); which has also been shown to be the case when adult outcomes are studied (Molnar, et al., 2001). Also, Molnar and colleagues found that chronicity of CSA vs. isolated incidents was associated with higher levels of depression, anxiety, and PTSD in adult women (2001).

2.2.2 Developmental, Emotional, Behavioral & Cognitive Effects

In their 23 year-long longitudinal study of 84 female children (88% of participants were retained for the entire 23 years) between the ages of 6 and 16 who had recently disclosed intrafamilial sexual abuse, Trickett, Noll, and Putnam found numerous consequences for survivors in the domains of emotional and cognitive health (2011). Their results indicate an increased risk for women survivors experiencing depression, trait anxiety, dissociation, shame, and somatic symptoms. Survivors in this study were shown to have an increased likelihood to be

diagnosed with a DSM disorder; the most likely disorder was PTSD. It was also indicated that female survivors experience more delinquent behaviors and school problems including decreased social competence, academic achievement, and educational attainment. Relevant to the participant's school problems were the cognitive deficits identified, including decreased receptive language acquisition, and decreased fluid and crystallized cognitive ability (Trickett, et al., 2011). Research suggests that male survivors can be expected to experience similar emotional, behavioral & cognitive consequences (Banyard, et al., 2004; O'Leary, 2009).

In terms of depression, suicidal ideation, and suicidal behaviors; the link established with CSA has been well established (Boudewyn & Liem, 1995; Bedi, Nelson, Lynskey, McCutcheon, Heath, Madden, & Martin, 2011; You, Talbot, He, & Conner, 2012). You and colleagues suggest that self-conscious emotions are key to understanding depression and suicidality (2012). In their study of 106 women with CSA histories who were in treatment for major depression, You et al. found that sadness, shame, and guilt were associated with suicidal association over time and suggest that attending to shame related emotions in therapy is essential when attempting to ease worsening depression and mitigate suicide risk (2012). In their study involving 105 CSA survivors who had been diagnosed with major depressive disorder, Gamble and colleagues suggest that self-consciousness and neuroticism were linked with increased depressive symptom severity (Gamble, Talbot, Duberstein, Commer, Franus, Beckman, & Conwell, 2006). In their review of the literature, Whiffen and MacIntosh (2005), again find support for shame and self-blame as mediating factors in the development of emotional distress and they further expand the picture to include the role of interpersonal difficulties and avoidant coping strategies in the development of depression, anxiety, and dissociation. The more chronic and severe the abuse, and the longer in duration, the more depression and self-destructiveness can be expected (Boudewyn & Liem, 1995). The centrality of shame as a factor in development of emotional distress, depression, and suicidality in CSA survivors (Talbot, 1996), suggests that a more in depth discussion is warranted; such a discussion is included in a following section.

It has been suggested that the development of shame is linked to the child's development of self, such that shame arises when children recognize a discrepancy between their real and idealized self (Talbot, 1996). CSA has major implications for a child's burgeoning sense of self (Briere & Elliot, 1994; Herman, 1997). A child's development of self is heavily influenced by abuse, described by Harter (1998) as "crippling its very structure, content, and function" (p.

148). In a 1998 article, Harter provides a detailed discussion of the numerous deleterious effects that child abuse and maltreatment have on the development of self. Harter suggests that the specific abusive acts and defensive reactions work to erode the normal development of a differentiated and whole sense of self (1998). Because the abuse happens in childhood, when the development of the self relies heavily on the reflection of self by others, the child's whole concept of who they are is affected by the abuse. Harter also suggests that the tasks of self-development are derailed because the child must sustain attention toward threat of abuse, rather than committing energy and focus toward self-awareness and introspection (1998). Furthermore, children who are chronically abused tend to develop dissociation techniques that further impede introspection, self-awareness, and metacognition (1998).

CSA also has the capacity to interfere with a child's sense of agency and volition because they lack control in their lives and do not build a sense of trust that allows them to explore and master their environment with confidence (Harter, 1998). Harter goes on to further discuss the effects of abuse on the survivor's theory of self, in other words, the survivor's evaluation of self-worth. CSA erodes self-esteem in a number of ways including through the internalization of important others' opinions or perceived opinions of the child (Harter, 1998). It is suggested that children who experience CSA come to see themselves as bad and deserving of the abuse through the messages communicated through the abusers actions (Harter, 1998). From a developmental perspective, self-blame and a sense of inner badness makes sense due to children's natural egocentrism (Harter, 1998). Children will naturally attribute goodness or rightness to adult authority figures, which will in turn, lead them to conclude that they themselves are bad or wrong; furthermore, internal attributions of terrible events allows for some sense of hope and control that they have the power to end it (Harter, 1998).

2.2.3 Physical Health

The link between CSA and mental health issues has been well established and researchers are now putting together the larger picture of CSA and its overall health impact (Kendall-Tackett, 2012). It is now commonly known that stress affects our physical health, especially our cardiovascular system (Freberg, 2009). Research now supports the idea that CSA is such a potent stressor that the impact can have long term health ramifications in adulthood (Kendall-Tackett, 2012). The stress response changes when exposed to trauma (Kendall-Tackett, 2012). The Survivors' body becomes sensitized to detect threat, which makes the body more vulnerable

to stressors over the years (Kendall-Tackett, 2012). The sympathetic nervous system responds to stressors through the hypothalamic-pituitary-adrenal (HPA) axis, which releases a series of chemicals that readies our fight or flight response, but also affects the body in a variety of ways including altering the immune response and taxing the cardiovascular system (Kendall-Tackett, 2012).

A common problem reported by CSA survivors is chronic pain (Kendall-Tackett, 2012). Chronic pain syndromes such as fibromyalgia and irritable bowel syndrome can be challenging to diagnose and to treat and can be incredibly frustrating and debilitating for those who suffer from them (Kendall-Tackett, 2012). Research has shown that a disproportionately high percentage of people with chronic pain syndromes have a history of physical abuse (Kendall-Tackett, 2012). Kendall-Tackett, Marshall, & Ness (2003) found that women who had experienced child abuse and domestic violence were more likely to experience chronic pain in their study of 110 women patients of a primary health care facility. Kendall-Tackett (2012) suggests that chronic pain can result because violence appears to physiologically lower the survivors' pain threshold by priming nerves to subsequent pain stimuli. Chronic pain symptoms that have been reported by survivors of CSA include severe headaches, chronic pelvic pain, severe PMS, and diffuse soft tissue pain, known as fibromyalgia (Kendall-Tackett, 2012). Irritable bowel syndrome is the most studied chronic pain syndrome with respect to abuse history (Kendall-Tackett, et al., 2003). Studies have shown that patients with IBS are more likely to report a history of CSA and physical abuse; one such study reporting that patients with IBS had a 54% rate of lifetime sexual victimization compared to 5% of patients reporting organic inflammatory bowel disease (Walker, Katon, Roy-Byrne, Jemelka, & Russo, 1993). In terms of mediating factors in gastrointestinal disorders, Leserman & Drossman (2007) provide some suggestions, such as greater autonomic reactivity to stressors, increased visceral hypersensitivity in the gut, and greater reactivity to the HPA-axis, leading to increased inflammatory cytokines.

Hospitalization and health care use by survivors is not only linked to treatment of the above mentioned chronic pain problems, but is due to a wider variety of health problems that are correlated with CSA (Kendall-Tackett, 2012). Several reasons for increased health care utilization by CSA survivors have been cited, including the aforementioned stress response leading to a decreased immune reaction and increased inflammatory response, sleep disturbances, a hostile worldview, lack of pro-social relationships, and an increase in

participation of harmful behavior (Kendall-Tackett, 2012). Data from national alcohol and drug use surveys in both the U.S. and Canada provide robust evidence for a link between CSA history and substance abuse (Afifi, Henriksen, Asmundson, & Sareen, 2012; Anne Lown, Nayak, Korcha, Greenfield, 2011). Alcohol and drug abuse are associated with a number of deleterious health effects (Afifi, et al., 2012; Anne Lown, et al., 2011). Patterns of heavy drinking known as binge drinking have been shown in women with CSA histories (Timko, Sutkowi, Paveo, & Kimmerling, 2008), and are related to physical injury, hepatitis, cirrhosis of the liver, lower self-efficacy for using condoms, multiple sexual partners, and alcohol dependence (Anne Lown, et al., 2011).

High risk sexual activity such as unprotected sex also increases the risk for unplanned, early pregnancy (Raj, Silverman, Amaro, 2000; Young, Deardorff, Ozer, & Lahiff, 2011). In a study of 1,790 women aged eighteen to twenty-two, it was found that women who had a history of CSA were twenty percent more likely to have had a pregnancy if their abuse occurred in childhood and thirty percent more likely to have become pregnant if their abuse occurred in adolescence (Young, et al., 2011). Women who had experienced sexual abuse in both childhood and adolescence were at an eighty percent greater likelihood of experiencing early pregnancy (Young, et al., 2011). The Young et al., study also examined the type of CSA in relation to early pregnancy and found that increased severity of abuse, namely attempted rape and rape, were associated with a greater risk of early pregnancy (2011). The mediating factor was the age of first intercourse, in that the study found that survivors of CSA become sexually active earlier, which increases their chances of having an early pregnancy (Young et al, 2011).

2.2.4 Interpersonal Issues

In addition to the mental and physical impact of CSA, survivors may experience negative outcomes related to their interpersonal functioning (Lamoureux, Palmieri, Jackson, & Hobfall, 2011; Migdow, 2003). Because of the interpersonal violation involved in CSA it is logical to assume that there would be consequences for survivors in their adult interpersonal interactions; and this has indeed shown to be the case (Lamoureux, et al., 2011; Liang, Williams, & Siegel, 2006; Migdow, 2003). In a recent longitudinal study, Lamoureux and colleagues found that women CSA survivors were more likely to experience poor relationship outcomes including interpersonal resource loss, lack of social support, relationship conflict, and increased HIV and sexual risk (2011). It was also found that these negative interpersonal outcomes were mediated

by the negative impact that their abuse had on their resiliency resources and psychological distress (Lamoureux, et al., 2011).

Research also suggests that survivors of CSA may encounter more interpersonal violence in adulthood (Afifi, MacMillan, Cox, Asmundson, Stein, Sareen, 2009; Walsh, et al., 2007). With data drawn from the U.S. National Comorbidity Survey Replication, Afifi and colleagues were able to establish a link between CSA and experiencing intimate partner violence with both men and women (2009). An association between CSA and revictimization in the form of forced or coerced sexual assault has also been identified (Walsh, et al., 2007). As an explanation for why CSA survivors are more prone to experience other forms of interpersonal violence, many point to the eroding force that CSA has on coping and resiliency resources such as an internal locus of control, self-efficacy and self-esteem, which have protective properties when interacting with others (Lamoureux, et al., 2011; Walsh et al., 2007).

2.2.5 Shame

The experience of shame is of particular relevance to the current research. Shame is involved in how individuals see themselves and how they believe others perceive them (Dorahay & Clearwater, 2012). Shame leads people to believe that there is something inherent to them as a person that is bad or causes bad things to happen; they also believe that others perceive them as wrong or bad (Dorahay & Clearwater, 2012). In her book *The Trauma Myth*, Susan Clancy posits that many CSA survivors have a unique experience with the feeling of shame due to the fact that the abuse that they suffered was not traumatic in the sense that it did not fit with the predominant rape narrative (Clancy, 2009). It is only after looking back at the experience do many survivors realize that what happened to them was abuse and then experience feelings of betrayal, horror, disgust, and shame (Clancy, 2009). Clancy found in the many survivor interviews she conducted that any anger that survivors felt after their revelation of the abuse that they suffered, was turned inward.

Much research has revealed that human beings search for meaning in the wake of negative life experiences (Clancy, 2009; Zinzow & Jackson, 2009). This search for meaning is a cognitive process that involves establishing causal explanations or attributions for what happened (Clancy, 2009; Zinzow & Jackson, 2009). Because survivors are exposed to a script about sexual assault and abuse in the media that dictates that sexual abuse involves fear, force, and violence, they may assume that they are somehow at fault if their experience does not fit

with that script. Often, survivors' experiences of CSA are not forceful or violent; perpetrators go through much effort to groom the children they abuse in order to have the freedom to abuse them without fear of the child telling (Elliot, Browne, Kilcoyne, 1995). Many adult survivors report that they experience a great deal of shame about themselves as a result of what happened to them as a child (Clancy, 2009). With shame there is generally a feeling of isolation because their eroded self-esteem and fear of negative judgement makes it incredibly difficult to connect with others (Clancy, 2009). In light of this understanding it is also important to state that some survivors do experience violence or force during their CSA, which might increase their understanding that what is being done to them is wrong, however; that does not exclude them from feeling shame (Clancy, 2009). Children are often just too young to fully cognitively process these traumatizing events and naturally blame themselves for the abuse due to their egocentric perspective of the world (Carlson, Buskist, Enzle, Heth, 2005; Clancy, 2009).

Several researchers have implicated shame as a mediating factor in the relationship of CSA and later adult psychological problems (Andrews, Berwin, Rose, Kirk, 2000; Deblinger & Runyon, 2005; Dorahy & Clearwater, 2012; Feiring, Taska, & Chen, 2002; Talbot, Talbot, & Tu, 2004). Feiring, Taska, & Chen (2002) found that internal attributions for CSA were predictive of low self-esteem, depression, and PTSD symptoms. They also found that shame mediated the relationship between internal attributions for CSA and PTSD symptoms; such that the PTSD symptoms could be explained by increased shame following internal attributions (self-blame) (Feiring et al., 2002). The authors of this study suggest that successful interventions aimed at preventing or addressing the negative outcomes of CSA should focus on children's abuse specific attributions and general attributional style, to correct any self-blame. As well, they suggest that addressing shame following abuse is imperative to recovery (Feiring, et al., 2002).

Expanding on the concept of shame as a mediating factor in the relationship between CSA and negative effects in adulthood, Talbot and colleagues demonstrated the independent relationship between shame-proneness and dissociation, where CSA without shame-proneness was not associated with dissociation (Talbot, et al., 2004). The authors suggest that dissociation is a coping strategy to deal with shame which is highly aversive (Talbot, et al., 2004). Talbot and colleagues end their discussion with the suggestion that further researcher explore the capacity for shame reduction to improve dissociation symptoms (Talbot, et al., 2004).

2.3 Trauma

Like other social constructs, the definition of psychological trauma is shaped by socio-political context. Currently, trauma is defined in the DSM-IV TR as an event in which the person experiences actual or threatened death, serious injury, or threat to their or others' physical integrity; coupled with the response of intense fear, helplessness, or horror (Oltmanns, et al., 2006). The construction of trauma and the human response to trauma has been wrought with controversy (Becker, 2004). Currently, there is debate about whether the diagnosis criteria should be widened to include more experiences (Becker, 2004). Others suggest that widening the criteria will serve to further medicalize individuals' normal response to traumatic experiences, which would divert attention from tackling the problems of violence at a sociopolitical level (Becker, 2004). Keeping in mind the nature of trauma as a social construct, an understanding of how trauma is conceptualized in the literature is useful as a way of situating the above discussion of the impact of CSA as a natural response to terror and helplessness.

2.3.1 Response to Trauma: Intrusion and Constriction

Herman (1997) identifies two contradictory responses to trauma, intrusion and constriction, that she terms The Dialectic of Trauma. Intrusion can be understood as reliving the trauma through intrusive thoughts, flashbacks, and dreams (Herman, 1997; Krans, Naring, Becker, & Holmes, 2009). Long after the trauma has ended, individuals experience an interruption to their normal state. This has been explained by some as a malfunction of memory, such that the traumatic experience has encoded the memory in such a vivid fashion that it is able to break through into the individual's consciousness involuntarily (Herman, 1997; Steinmetz, Scott, Smith, & Kensinger, 2012).

Trauma survivors have been described as being fixated on the moment or period of trauma, which interferes with their ability to function in everyday life (Herman, 1997). Survivors also report that these memories are different from other episodic memories in that they are fractured and incomplete (Herman, 1997). Memories of trauma are more visual and sensory, lacking context and narrative (Herman, 1997). It has been suggested that memories of trauma are different due to the inactivation of the linguistic encoding of a memory narrative (Chen & Williams, 2012). Our brains react differently in times of high stress. It has been repeatedly shown that activation of the sympathetic nervous system affects our brain in such a way that memories are more deeply embedded (Chen & Williams, 2012). In evolutionary terms, it is

advantageous for our responses to be primed by our memories of traumatic events. It makes sense that memories of traumatic events are sensory and visual, so that our reactions are more visceral and urgent. In times of danger, we do not have time to understand the context of the situation, which is why our memories of a traumatic event do not require a fully integrated narrative. This evolutionary modification to the memory system is advantageous for some situations, but for the survivor of CSA, it works against their ability to live a normal life.

In order to mitigate the intrusive symptoms that result from psychological trauma, survivors will often develop strategies to that will allow them to avoid being triggered; these strategies are what Herman calls constriction (1997). The strategy most often employed by survivors is some form of dissociation. Dissociation can be best understood as a general numbing of emotional experience (Barnow, Limberg, Stopsack, Spitzer, Grabe, Freyberger, & Hamm, 2012; Herman 1997). Dissociation allows the trauma survivor to create distance between consciousness and overwhelming sensations, thoughts, or emotion. Although dissociation is highly associated with trauma, it is not always maladaptive or outside the realm of human experience (Carlson, Dalenberg, & McDade-Montez, 2012). Almost all of us experience a momentary lapse in awareness in our daily lives; what differentiates maladaptive dissociation is its severity and frequency. Individuals who experience emotional trauma may develop an increased ability to disconnect from emotionally painful experiences; this is especially true of individuals who experience prolonged trauma, like that experienced by survivors of CSA (Barnow, et al., 2012). Dissociation is essentially a distortion of perception of one's environment or one's self that manifests as a disconnection (Carlson, et al., 2012). This disconnection has been described by some as seeming as though they are watching their environment as though it was a movie, a sense that they had no control over their body, or they were no longer "in" their body (Carlson, et al., 2012). The descriptions of those who experience dissociation generally involve a lack of agency (Carlson, et al., 2012).

The increased ability to dissociate from traumatic experience has been explained as having a protective function (Herman, 1997). Whether it be escaping from an enemy attack on the front line, surviving a violent rape, or enduring years of sexual torture at the hands of a trusted adult, dissociation gives the survivor emotional distance from that which would almost certainly immobilize anyone who had to experience the horror in full awareness. This natural attempt at self-preservation has numerous deleterious effects on one's ability to experience life in

a full and pleasurable way (Herman, 1997; Migdow, 2003). For many of us, the pursuit of pleasurable life experiences seems to come naturally and automatically; making time to read a book, enjoy a cup of coffee, or hug a loved one are the parts of our day that we look forward to. We forget that pursuing pleasure is really a skill that we learned early in life (Migdow, 2003). Part of that skill involves learning what stimuli we find to be enjoyable and how to incorporate those stimuli into our day. Children who are subject to chronic terror, first of all, generally develop the most pervasive dissociation strategies, but also develop these strategies at the expense of developing the skills necessary for pursuing pleasure (Migdow, 2003).

Modes of dissociation that are used during the time of trauma, or to deal with post traumatic emotions, often persevere throughout the survivors' life, and can severely limit one's ability to make connections with others (Barnow, et al., 2012, Migdow, 2003). The loss of connectedness is a large part of the concept of constriction. The fullness of life and enjoyment that is involved in sharing one's life with others around them is constricted (Herman, 1997).

2.4 Therapy Interventions

The Canadian Psychological Association (2012) maintains that psychologists should utilize the best available research evidence when providing treatment for their clients, an approach known as evidenced-based practice. It should be noted that CSA is not in and of itself a psychological disorder, and therefore; does not constitute any applicable evidenced-based practice. Suffering CSA is considered in the etiology of several psychological disorders and clinicians must convey a diagnosis if they are to adhere to the standards of evidence-based practice. On the assumption that survivors' reaction to trauma falls into a particular diagnosis, such as PTSD or major depressive disorder, there are several therapeutic interventions that are supported by evidence, which are geared toward addressing the resultant symptoms (Cohen, 2008; Saunders, 2012; Saunders, Berliner, Hanson, 2004; Warner, 2009).

There are treatment approaches that are aimed specifically at addressing CSA, however; survivors may enter into counselling without disclosing the abuse, instead, deciding to work on the resultant symptoms rather than address the memories of abuse (Draucker & Martsof, 2008). On the other hand, many self-help books aimed at survivors of CSA and accounts in the media urge survivors to seek out counselling to "deal with" the abuse, leading to survivors seeking out counselling to do just that regardless of their present distress or lack of distress (Saunders, 2012). Draucker & Martsof (2008) suggest that inquiry about early trauma should occur in the context

of comprehensive assessment and that it should be conducted in a non-judgmental and straightforward way and disclosure should be met with a calm, concerned, and empathetic response (2008). Draucker & Martsof go on to suggest that if the survivor's goal is to deal with their past trauma, then together the counsellor and client should explore the CSA as a significant counselling issue within a phase oriented treatment plan (2008). In a phase-oriented approach, the first phase of treatment is for establishing treatment parameters and a level of safety to explore the trauma; the second phase is where remembrance and mourning take place and the final phase is for focusing on self-development and relational development (Draucker & Martsof, 2008).

Interventions that recognize and attempt to alleviate the pain and distress experienced by survivors are important, however; it should be recognized that attempts to intervene with survivors based solely on the basis of diagnostic labelling runs the risk of viewing survivors only in terms of an illness paradigm . Feminist and post-structuralist scholars have criticized the current practice of the medicalization of survivors' reaction to trauma and have made the call for interventions that situate survivors not in a position of deficit and disorder, but one that views the survivor as a whole person that is coping with the repercussions of their abuse and recognizes the socio-political implications of that abuse (Linder, 2004a; Linder 2004b; Warner, 2009). The following will first cover several therapy interventions that have been identified as efficacious in the treatment of the negative psychological outcomes attributed to CSA including PTSD, depression, and anxiety. It will end with a discussion of a particular intervention that aims to address the above mentioned concerns with traditional approaches to CSA intervention.

2.4.1 Trauma Focused Cognitive Behavioral Therapy

The various forms Cognitive behavioral therapy (CBT) are deemed to be some of the most efficacious treatment methods available due to the large body of research that supports their benefit (Ho & Lee, 2012). Subsequently, CBT, specifically Trauma Focused Cognitive Behavioral Therapy is one of the first line treatment options when therapists are helping clients with CSA histories (Bisson & Andrew, 2009) CBT's involvement in the treatment of CSA is based on the assumption that the main problem faced by survivors of CSA is posttraumatic stress disorder (PTSD), and that PTSD is effectively addressed by CBT that is focused on the trauma (Fitzgerald & Cohen, 2012; Saunders, 2012). The key elements of CBT are exposure and cognitive processing (Ho & Lee, 2012). Trauma focused cognitive behavioral therapy (TFCBT)

involves systematic desensitization via the pairing of the traumatic memory or memories with anxiety reducing behaviors such as slow breathing (Fitzgerald & Cohen, 2012). TFEBT has been shown to be effective in treating children and adults and across many forms of trauma, including those who suffer from complex post-traumatic stress disorder (Bisson, Ehlers, Matthews, Pilling, Richards, & Turner, 2007; Fitzgerald & Cohen, 2012).

2.4.2 Eye Movement and Desensitization Reprocessing

Eye Movement and Desensitization Reprocessing (EMDR) is a therapy that presupposes that the main problem faced with survivors of CSA is the recurrent flashbacks of the abuse, therefore; the focus of EMDR is reducing the vividness and aversive nature of these traumatic memories (van den Hout, Bartelski, Engelhard, 2012). EMDR is recognized as being an effective treatment for PTSD symptom alleviation (Bisson & Andrew, 2009). Therapists who practice EMDR have the client focus on traumatic images, negative cognitions, and body sensations while simultaneously engaging the client in lateral eye movements (van den Hout, et al., 2013). The proposed mechanism by which EMDR works involves the limited capacity of working memory. Proponents of EMDR suggest that the dual attention to the traumatic memory and lateral eye movements result in less vivid and aversive recollection of the traumatic event, and that the traumatic memory becomes re-encoded, henceforth influencing future recollections of the traumatic memory (Lee, Taylor, & Drummond, 2006; van den Hout, et al., 2012).

EMDR remains a controversial treatment based on two issues: first, some question whether EMDR is a unique treatment and second, whether or not EMDR is deemed efficacious within an evidence-based practice framework (Nowill, 2010). Critics of EMDR maintain that the eye movement aspect of EMDR does not contribute to the improvement seen in study participants, and that it is simply the exposure that is the therapeutic component, therefore; EMDR is not a novel therapy (Herbert, Lilienfeld, Lohr, Montgomery, O'Donohue, Rosen, & Tolin, 2000). There is a significant body of research that has intended to establish the unique benefit of EMDR by dismantling the components of the therapy to isolate the eye movement aspect and assess its efficacy (Nowill, 2010; van den Hout, et al., 2012). Results from these studies suggest that there is a unique benefit to EMDR, but the exact mechanism behind the benefit of the eye movements is still unclear (Nowill, 2010). Meta-analysis of treatments that are designed to address PTSD symptoms continue to find no significant difference between EMDR

and TFCBT, which suggests that there are common factors to the two treatments that contribute to symptom alleviation (Ho & Lee, 2012).

The common factors theory of psychotherapy challenges the assumption that the efficacy of psychotherapy is due to specific treatments that treat specific disorders; an assumption held by the medical model of evidenced based practice (Barth, Lee, Lindsey, Collins, Streider, Chorpita, Becker, & Sparks, 2012; Wampold, Imel, Laska, Benish, Miller, Fluckiger, Del Re, Baardseth, Budge, 2010). Common factors of psychotherapy approaches that have been identified including client factors such as resources, motivation, support and outside experiences, as well as therapist factors such as high levels of empathy (Kramer, Bernstein, & Phares, 2009; Elkins 2012). The therapeutic alliance has also been established as a potent factor in influencing positive outcomes for clients (Duncan, 2010). Wampold et al. maintain that randomized clinical trials (RCT's), the gold standard in evidence based practice, fail to adequately control for confounding factors such as therapist effects, client effects, and allegiance effects, when assessing therapy efficacy (2010). The mixed findings regarding the efficacy of any one treatment that can effectively treat PTSD, the controversy surrounding the rigidity of criteria for evidence based practice, and the notion that reducing CSA survivors' experience of healing to PTSD symptom alleviation may be too narrow a focus, suggests that we may need to look to alternative ways of supporting survivors' healing.

2.4.3 Group Therapy

Group therapy as a modality, regardless of the treatment approach used, is thought to have its own therapeutic factors attributed to the group dynamics (Kramer, et al., 2009). Yalom & Leszcz (2005) has identified several therapeutic factors believed to be unique to group therapy including, Universality – the recognition of shared experience and commonality of human suffering, Catharsis – expression of feeling in a supportive group environment, Cohesiveness – a sense of belonging and acceptance, and Installation of Hope – inspiration stemming from other group members' progress. Group therapy is thought to be an approach that is particularly suited to the interpersonal difficulties faced by survivors of CSA (Callahan, Price, Hilsenroth, 2004; Valerio & Lepper, 2010). In particular, group therapy and the therapeutic factors inherent to it are thought to address the shame and resultant isolation associated with CSA (Callahan, et al., 2004). Every major approach to psychotherapy has developed group treatments (Kramer, et al., 2009). Several types of group therapies have been developed for survivors of CSA within

several different theoretical orientations (Callahan, et al., 2004). Inquiry into the effectiveness of group therapy across different theoretical approaches suggests support for Yalom's theory of the therapeutic factors of group therapy and the theory of the common factors of therapy as a whole (Barth et al., 2011; Callahan, et al., 2004; Wampold et al, 2010). Today, there is a wide array of group therapies offered by mental health service providers to survivors of CSA (Duncan, 2004). And while the usefulness of group therapy as a way to support survivors' process of healing has been established, there has been warning that group modalities pose the risk of doing harm if a survivor has not established a certain level of safety and self-care (Duncan, 2004; Herman, 1997). Herman suggests that trauma-focused groups are not appropriate until a survivor has sufficient social support and that life-circumstances permit the difficulty inherent in remembering and hearing others stories of abuse (1997).

2.4.4 Visible Therapy

Visible Therapy is an approach developed for women survivors of CSA by Warner (2009) that is informed by several therapeutic approaches including, psychoanalysis, feminism, post-structuralism, and narrative therapy. The goal of Visible Therapy is to "promote empowerment and recognize recovery" (p. 169) through enabling democracy in the therapeutic relationship, exploring the effects of abuse on the constructed identity, exploring the tactics of the abuser in relation to the effects these had on the abused, and validating women's survival techniques and coping strategies by connecting them to past and present experiences. Warner's aim when developing this therapy approach was to be more respectful of women who had been sexually abused and to create a more "individually targeted and culturally aware therapy" (p. 168). Visible Therapy is recovery-oriented and shifts the focus from the past events of abuse to the effects of the abuse (Warner, 2009). Warner suggests that therapists adopt a framework of agnosticism when working with clients, in that the therapist and client both bring their knowledge to the table when constructing and deconstructing meaning surrounding the abuse and effects of abuse (2009). Through this framework of agnosticism, the therapist and the client explore links between the past and the present, not to search for the truth, but to explore how and why the past is remembered as it is and to revise clients' narratives about themselves. Through the process of deconstructing and constructing meaning, clients may come to see their coping strategies as responses to constraint and control from their abuser, and to recognize their strategies of survival as ways of protecting oneself. Visible Therapy rejects a notion of a "cure"

from the effects of CSA and recognizes that recovery is different for everyone. Warner suggests that “recovery is not always about finding answers, but is also about being able to live with, and remain hopeful in, sadness, anger, uncertainty, and ambiguity” (Warner, 2009 p. 185).

2.5 Resilience

While much of the research addressing CSA is focused on problematic outcomes, a growing body of inquiry into the concept of resilience has aimed to shift the focus to fostering positive outcomes with respect to individuals who experience trauma (Richardson, 2002; Windle, 2011). The following sections highlight a definition and theory of resilience as well as the factors and mechanisms that have been identified as being involved in the process of resiliency. Finally, a discussion of the factors unique to the experience of resilience in survivors of CSA is included.

.5.1 Definition & Theory

Some individuals who experience CSA show no symptoms afterward and they are able to adjust effectively in their functioning (Finkelhor & Berliner, 1995; O’Dougherty Wright, Masten, & Narayan, 2013). This concept is known as resilience, which has been defined recently by Windle (2011) resulting from his comprehensive review of the concept as

The process of effectively negotiating, adapting to, or managing significant sources of stress or trauma. Assets and resources within the individual, their life and environment facilitate this capacity for adaptation and ‘bouncing back’ in the face of adversity. Across the life course, the experience of resilience will vary (p. 163)

Windle (2011) arrived at the above definition based on a systematic review of the concept of resilience across disciplines and based it on a synthesis of different perspectives in resilience research. Windle’s definition addresses a need for a clear definition that will guide research and practices that aim to promote resilience (2011). In addition, Windle’s definition addresses the theory that resilience is a result of a set of interconnected factors and mechanisms that result in an adaptive response to extraordinary stress, and that resilience is a process that can vary over a lifetime (Haglund, Nestadt, Cooper, Southwick, & Charney, 2007; Richardson, 2002; Windle, 2011). The first wave of resilience research attempted to identify the factors that promote resilience (Richardson, 2002). Subsequent waves of research have aimed to understand the mechanisms that underlie the process of resiliency and the motivation of humans toward growth

and self-actualization (Richardson, 2002). In his metatheory, Richardson (2002) combines the findings of these waves of research to suggest that resilience is a dynamic process that is motivated by an innate drive toward self-actualization and involves a set of assets and protective factors.

2.5.2 Resilience after Child Sexual Abuse

Several protective factors involved in resilience after the experience of CSA have been identified (Bogar & Hulse Killackey 2006; Hyman & Williams, 2001; Liem, et al., 1997; Valentine & Feinauer, 1993). In a study of 145 individuals with histories of CSA, twenty-eight percent of which were deemed to be resilient, Liem and colleagues found that the absence of overt physical coercion contributed to resilience (1997). The authors suggest that the presence of physical threat affects the individual's ability to act as a willful agent and their ability to perceive themselves as having personal power or internal locus of control (Liem, et al., 1997). The factor of locus of control is also identified in Valentine & Feinauer's (1993) qualitative study of twenty-two women with CSA histories. The themes that emerged from their inquiry into the factors involved in resilience included internal locus of control, external attribution of blame, spiritual practice, optimistic philosophy of life, and self-regard (Valentine & Feinauer, 1993).

In a 2001 longitudinal study conducted by Hyman & Williams, 136 female CSA survivors were interviewed as children and then again seventeen years later in order to investigate resilient outcomes. After the seventeen years, the authors found that twenty-nine percent of the women demonstrated good resilience and eighteen percent demonstrated excellent resilience based on a variety of measurable domains such as self-esteem, health status, social deviance, and economic well-being (Hyman & Williams, 2001). The authors concluded that several interrelated factors contributed to the CSA survivors' resilience and divided these factors into three categories: Characteristics of the abuse, childhood/family characteristics, and status since the abuse. With respect to the characteristics of the abuse, women were more likely to be resilient if their abuse was not perpetrated by a family member, and if the abuse was not accompanied by physical force. Resilience was associated with survivors who came from more stable families where there was no substance abuse or physical abuse (Hyman & Williams, 2001). In terms of the factors that influenced resilience in the years after the abuse, social support, completing high school, and not being re-victimized were all shown to predict resilience (Hyman & Williams, 2001).

In reviewing the literature on resilience, it becomes apparent that the study of the construct is complex but important in understanding survivors' experiences after CSA so that individuals are not always viewed as damaged. Researchers have had difficulty establishing an operational definition and distinguishing between factors that influence resilience and those that demonstrate resilience (Kinard, 1998). For example, in Hyman & Williams' (2001) study, self-esteem is used as an outcome variable to measure resilience, whereas Fergusson & Lynskey (1996) identify self-esteem as an antecedent to resilience. In spite of these methodological issues, research on resilience has shown that the focus of study need not always be on deficit, disorder, and illness; it can be on hope and the strength of survivors to overcome the abuse. Furthermore, resilience as a concept has evolved from a static trait of some children who had a certain personality, temperament, and situation to adjust to negative life events, to a dynamic process that occurs across the life course of the survivor (Windle, 2011). The adjustment in the construct of resilience from trait to process has implications for our understanding of healing in adult survivors of CSA.

2.6 Healing

Because research and practice in psychology has been largely informed by the medical model of illness and health, the concept of healing has received little attention from positivist researchers who focus on diagnosis and treatment of deficit, but is now receiving attention from researchers and professionals who view health and well-being in a more holistic manner (Egnew, 2005). Healing, as a concept is difficult to operationally define, and therefore, is difficult to study. Using a qualitative approach to inquiry, some researchers have attempted to construct theoretical models of what healing is, as well as what facilitates healing after a traumatic event. The following section reviews the concept of healing as it pertains to CSA.

2.6.1 Definition of Healing

Numerous studies have recognized a lack of a clear understanding of the concept of healing that would inform research and practice (Egnew, 2005; Wendler, 2008). As a starting point in conceptual analysis of healing, some begin with a dictionary definition of healing (Healing Merriam-Webster, 2013)

1. a: to make sound or whole
b: to restore to health

2. a: to cause (an undesirable condition) to be overcome : Mend
b: to patch up (a breach or division)
3. a: to restore to original purity or integrity

From this definition, it is established that healing is a response to some insult or undesirable situation and that it involves restoration to a previous state of wholeness. Researchers who have conceptualized healing as it pertains to CSA have suggested that healing involves not only recovery, but growth (Draucker, Marsolf, Roller, Knapik, Ross, & Stidham, 2011).

Posttraumatic growth refers to the ways that people are positively transformed by adversity and traumatic experiences (Tedeschi & Calhoun, 2004). Healing, when considered with respect to the concept of posttraumatic growth may involve a transformation in identity, that involves perceptions of being changed in important and positive ways (Tedeschi & Calhoun, 2004).

In her conceptual analysis of healing, Wendler (2008) arrived at the following definition of healing, “healing is an experiential, energy-requiring process in which space is created through a caring relationship in a process of expanding consciousness and results in a sense of wholeness, integration, balance and transformation and which can never be fully known”. Wendler’s conceptual analysis draws information from several different fields including psychology literature, medical studies of wound healing, and organizational/group healing (2008). From her review of the different attempts to define healing, Wendler established the core concepts to construct the concept of healing.

Other attempts at defining the concept have reflected some similar core concepts. Egnew (2005) attempted to operationally define healing by interviewing seven physicians who were purposefully sampled based on their expertise in their understanding of the concept. Egnew concludes that “healing is the personal experience of transcending suffering”. Egnew expands on this definition by saying that healing results in a sense of personal wholeness, which is facilitated by personal relationships and is related to the themes of wholeness, narrative, and spirituality (2005). The definitions of healing in the literature suggest that healing, while difficult to conceptualize, involves the core concepts of positive transformation after injury and healing as a process.

2.6.2 The Process of Healing from Child Sexual Abuse

Several researchers have attempted to co-construct the meaning of healing with survivors of CSA (Drauker, et al., 2011; Drauker, Martsof, Ross, Cook, Stidham, & Mweemba, 2009; Glaister & Abel, 2001). In Drauker et al.'s (2011) qualitative study of interview data from 48 women and 47 men survivors of CSA; a model of healing specific to CSA was developed that includes 4 stages, 5 domains of functioning, and 6 enabling factors. The authors' model suggests that healing is a dynamic and complex process that involves coming to terms with CSA, making meaning of CSA, tackling the effects of CSA, and laying claim to ones' life. Furthermore, the authors suggest that the process of healing affects several domains of the survivor's life and is facilitated by several factors including support, personal agency, and commitment to transcend the effects of CSA (Drauker et al., 2011).

In their phenomenological study of six Aboriginal women who had experienced CSA, McEvoy & Daniluk (1995) reported two themes that pertained to the healing experiences of the participants. Similar to Drauker et al. (2011), the participants in McEvoy & Daniluk's study expressed a need to make meaning of the abuse by coming to a new understanding of what happened to them from their perspective as adults (1995). Furthermore, the women expressed coming to a new understanding of the legacy of their abuse, and how their lives were shaped by it. The second theme relating to healing was that of "experience of reintegration", which involved overcoming a sense of shame and inadequacy to develop a new sense of self and in order to re-establish connections with others (McEvoy & Daniluk, 1995 p. 228). In addition to reintegration of a sense of self, and connection with others, the women expressed a need for reintegration into their Aboriginal culture by overcoming a deep sense of cultural shame attributed to their abuse histories (McEvoy & Daniluk, 1995).

While exploring the lived experience of how recovering from the effects of CSA had shaped the identities of seven women, Phillips & Daniluk (2004) found five themes that pertained to healing. The participants of their study reflected on how their identities had once been shaped by the abuse, but had transformed throughout their healing journeys. The theme of "an increasing sense of visibility, congruence, & connection" (p. 179) represented the participants notion of the emergence of a more genuine self, and that they were able to share that genuine self with the outside world which facilitated connection with others. The participants also conveyed a new found connection with parts of themselves that were not defined by the

abuse and that their identities were now being shaped by personal strength and resilience. In addition, the participants acknowledged a need to recognize and mourn their past and the legacy of their abuse. As a result of their healing journey the participants expressed a shift in their worldview from seeing the world as a dangerous place, to one where good things can happen, and a sense of resiliency and growth in themselves (Phillips & Daniluk, 2004).

Glaister & Abel (2001) in their contribution to the literature based on the perspective of survivors healing from CSA found that survivors echoed some of the previous themes found in the literature, such as the importance of relationships with caring others. Fourteen women survivors of CSA contributed to their research which resulted in three main themes pertaining to healing: the character of healing, the context of healing, and facilitation of healing (Glaister & Abel, 2001). The participants expressed that healing is characterized by the difficulty of the process, the changes in attitude and self that it brings about, as well as the sense of well-being that it brings about. In terms of the context of healing, the participants recognized that their previously toxic environments of neglect, isolation, and secrecy impeded their healing. Finally, the participants identified several factors that facilitated their healing including gaining information, caring relationships, commitment, inner strength, and experiential activities. Of these, gaining information from various sources including books, television, therapists, and other survivors was noted as being particularly important (Glaister & Abel, 2001).

Meaning making, as it pertains to the healing of male survivors of CSA was the focus of Grossman, Sursoli, and Kia-Keating's (2006) study of sixteen resilient male survivors' narratives. It should be noted that the participants in the above study were not included based on their expression of healing, and that the criteria for resilience (they had never been sexually abusive to anyone and were "functioning well" [p.435] in at least one area of life) may not fit with the concept of healing as discussed above. The authors do expressly connect making meaning with healing in their discussion of the results and their findings contribute to the understanding of healing from CSA from the perspective of men; a perspective not often considered in the literature on healing from CSA. Grossman and colleagues found that the men made meaning from their abuse in several ways, including through actions, through thought and reason, and through developing a sense of spirituality (2006). In terms of making meaning through action, the participants all connected their dedication to helping others to making meaning of their abuse. They also built cognitive frameworks to understand the actions of their

abuser and to alter their perceptions of self-blame that they had as children. They also describe spirituality as helping them find forgiveness and self-acceptance (Grossman, et al., 2006).

Researchers are still trying to sort out the details of what healing from CSA looks like, what is involved in the process, and what distinguishes that which constitutes healing from that which facilitates healing. Through a review of the research from the perspective of survivors healing from CSA, it becomes evident that some common themes emerge from their narratives. There seems to be a consensus that healing from CSA is a process, and involves a transformation of self or in perception of self. Several studies mention themes relating to turning points, second chances, or critical life events that spur change, such as disclosing the abuse to another person (Banyard & Williams, 2007; Draucker et al., 2011). In Draucker et al.'s model of healing from CSA they identify disclosure of the abuse as a domain of healing, and that survivors move toward disclosing the abuse to pass on wisdom and help others (2011). Several researchers have connected the act of telling one's story to the process of healing (Draucker & Martsolf, 2008; Giorgio, 2009; Rosenthal, 2003; Swaton & O'callaghan, 1995). Draucker & Marsolf's (2008) focus on storying CSA suggests that survivors go through a process of developing their story of abuse from a place of secrecy to a place of the "story-as-message" (p. 1044). Similarly, in Giorgio's (2009) account of healing after domestic abuse, she documents her process of telling her story through three modalities: dissertation, memoir, and autoethnography, connecting that process with the concept of "speaking one's truth" as a "way to transcend trauma ... heal ourselves ... [and] make the personal political" (p. 151). From the research on speaking about one's abuse, it is apparent that telling is not just an act, but a process and an important part of healing.

Making meaning seems to be established as being an integral part of the healing process (Draucker et al., 2011; Grossman, et al., 2006; Phillips & Daniluk, 2004). Making meaning as a concept is complex. Some envision it as a marker of healing, such that survivors are showing resilience if they have made meaning of their abuse (Grossman, et al., 2006). Others see meaning making as part of the process that is accomplished through discussing their abuse and speaking their truth (Draucker et al., 2011; Giorgio, 2009). Herman conceptualizes meaning making as an ongoing task of the healing process that begins with remembrance and mourning of the past and reconstruction of the story to create an integrated narrative, culminating with the survivor situating their abuse within the commonality of human suffering (1997).

Another common theme in the research on healing is the importance placed on relationships and connections with others (Banyard & Williams, 2007; Draucker et al., 2011; Glaister & Abel, 2001; McEvoy & Daniluk, 1995; Phillips & Daniluk, 2004). The relationship between social support and psychological well-being has been well established (Haber, Cohen, Lucas, & Baltes, 2007). Herman (1997) suggests that the core experiences of recovery are empowerment and reconnection, by identifying as a survivor and establishing secure relationships with others. She further expands on this notion of connection with others when she speaks of the survivor beginning to “rejoin the human commonality” (p. 214). Herman (1997) proposes that reconnecting with others who have been through similar experiences “dissolves feelings of isolation, shame, and stigma” (p. 215).

Chapter 3: METHODOLOGY

In the following chapter I will discuss the methodology chosen to explore the concept of healing after CSA as well as the paradigmatic assumptions that I, as the researcher, hold which serve to inform the chosen methodology. In addition to this I will discuss my background as it pertains to my previous held knowledge and biases regarding the topic of research. Finally, I will present a discussion of strategies used to establish trustworthiness, the delimitations of the study, and the suggested significance of this contribution to the research on healing after CSA.

3.1 Epistemology and Paradigmatic Assumptions

3.1.1 Social Constructivism

The above mentioned research questions are informed by my ontological and epistemological assumptions. I have certain assumptions about the nature of social reality and what really exists. In addition to this, I hold certain assumptions about what it is that we can know about this social reality (Grix, 2002). The ontological position that informed my research questions is that there is no one social reality; social reality is constructed by those who experience it (Hatch, 2002). My epistemological position is that there is not an objective truth to be known; there is only knowledge constructed by individuals (Creswell, 2009; Hatch, 2002). The researcher who holds these assumptions understands that meaning is varied and multiple and looks for the complexity of views (Creswell, 2009; Hatch, 2002). My ontological and epistemological position illustrates the paradigm that I approach research with, which is social

constructivism (Hatch, 2002). It is important to distinguish the use of “paradigmatic” in the sense that Hatch (2002) uses it from other uses, such as when Bruner (1986) equated the word paradigmatic with the logico-scientific ideal of formal and mathematical ways of knowing about the world. To be clear, paradigm is used here according to Hatch’s (2002) assertion that one’s paradigm is formed by one’s assumptions about the nature of reality (ontological assumptions), what can be known (epistemological assumptions), and how knowledge can be gained (methodological assumptions).

Individuals who approach research from the social constructivist paradigm assume that human beings seek meaning from their experiences (Creswell, 2009). Understanding of phenomena is done through reliance on the views of those who have experienced it. Research questions that are informed by social constructivism tend to be broad and general so there is room for knowledge to be built by the participant data. It is also understood that the knowledge that is obtained from participants is formed through social, historical, and cultural norms, thus context is valued in social constructivist research (Creswell, 2009). In addition to the above, constructivist researchers recognize how their own backgrounds, history, and knowledge shape their interpretation of the data, therefore; researchers take steps to position themselves in the research so that the reader can make judgements on their own as to the trustworthiness of the interpretation (Creswell, 2009). The social constructivist paradigm has led to my strategy of inquiry; I have sought out to better understand the meaning of healing from CSA as it is communicated in published narratives written by those who have experienced it.

3.2 Methodology

3.2.1 Narrative Research

Narrative research is very much tied to the quest for knowledge about identity and self (Moen, 2006). In Bamberg’s (2007) discussion of narrative analysis and identity, he identifies Jerome Bruner’s contributions as essential to the turn to narrative. Bruner (1990) presented an alternative to the quest for the “observable self” and the notion that the self or self- concept could be known. Bruner’s notion of self is the “transactional self” or the self that lives in our discourse with others (1990, p. 100). Bruner differentiated between life as lived, experienced and told where life lived is what happened, life experienced is the emotions, images, thoughts, and meanings attached to an event, and a life told is the story that reflects that event which is

influenced by culture, audience, history, politics, and society (Bruner, 1987). As a researcher I am interested in life told, as I can never know someone else's experiences. In fact, Bruner asserts that life itself is indeed "inseparable from life as told" (1987, p. 31). Bruner places the utmost importance on "life told" because he argues that the telling of one's life story has "the power to structure perceptual experience, to organize memory, to segment and purpose-build the very 'events' of a life. In the end, we *become* the autobiographical narratives by which we 'tell about' our lives" (1987, p. 15). In my study I am interested in understanding life as it is told in the memoirs of survivors.

In Bamberg's (2012) discussion of narrative he differentiates between narrative as genre, narrative as method, and narrative methods. Narrative as genre entails the form of story as it exists in epic, folktale, fable, novel, and memoir, among others. Narrative as genre includes plot, themes, and characters, notably the central character, which may undergo change or development. Out of the development of the biographical personal narrative, grew the sense that our identities could be found in the stories we told (Bamberg, 2012). Furthermore, identifying the problem or conflict in our personal narratives, leads the narrator on a path of self-reflection, wherein he/she can establish a connection between past events and the problem, thereby engaging in a healing process that will free him/her of the problem (Bamberg, 2012). Narrative as method reflects the general approach to inquiry that assumes that individuals attribute meaning to the events and the objects in their world, and that the meaning that is conferred is subjective (Bamberg, 2012). Narrative methods are those procedures of procuring data such that the researcher avoids decontextualizing or disconnecting the participant's responses or meaning making efforts from the setting or larger socio-political landscape (Bamberg, 2012).

Narrative does not follow a particular set way of conducting research; rather narrative researchers do "what is necessary to capture the lived experience of people in terms of their own meaning making and to theorize about it in insightful ways" (Josselson, 2011 p. 225). Narrative research methods are guided by the types of research questions asked and the nature of the narratives that researchers elicit (Bamberg, 2012). Understanding the stories that people tell about their experiences is critical to understanding meaning because these stories represent how people connect to the experience, and the details that they find important. The focus of narrative is not on objective truth, or a factual record of events, but on how events and experiences are constructed (Josselson, 2011).

Context is important in narrative research and the researcher must be aware of the factors that influence the telling of the story (Josselson, 2011; Lieblich, et al., 1998). In the case of narratives elicited through the process of interviews between researcher and participant; the data must be understood in light of the interaction between the interviewer and the interviewee (Lieblich, et al., 1998). All of the contextual factors involved in the generation of the narrative may not be known to the researcher; this is especially true about narratives that are collected as already published documents, as the researcher cannot know all of the circumstances surrounding their publication or the motivations of all of the stakeholders involved in the publication process. Lieblich and colleagues suggest that while the influencing factors are often hard to detect, with meticulous and sensitive reading, researchers can gather understanding of the context of narratives pertinent to the research questions (1998).

According to Josselson (2011), there is no one prescribed way to do narrative research in terms of how to collect and analyze narratives. Josselson suggests that aim of narrative research is to collect stories in an unobtrusive way, pay attention to the contextual factors that influence the stories being told, and analyze the stories within the framework of the research questions (2011). Josselson also stresses the need to be aware of one's own preconceived notions about the topic, and how both the researcher and participant shape the story (2011). The resulting knowledge derived from narrative research is something that is not apparent from a surface reading of the text, and is co-constructed by the researcher and the narrator (Josselson, 2011). By incorporating several narratives by different participants, a researcher may perform cross-case analysis in order to discover patterns or themes that are common across narrative texts, with a careful consideration and understanding of each narrative text on its own (Josselson, 2011).

It should be noted that, while this research was heavily influenced by narrative philosophy, it can be argued that it is not true narrative inquiry. Narrative researchers are charged with the co-construction of narrative with their co-researchers or participants (Creswell, 2009). Co-construction of meaning and the joint subjectivities of researcher and participant are, some would argue, essential to narrative research (Josselson, 2011). As my data source was existing text, I could not co-construct meaning with participants, as the authors of the memoirs were not truly participating in my study. I could only infer meaning from the text and understand it through my own subjective lens. My research methodology can be better understood as mixed qualitative or pluralist research that combines narrative inquiry and

hermeneutics to understand healing as it is conveyed in the memoirs of CSA survivors. Pluralism refers to the use of different theoretical perspectives, methodologies, methods, or discipline perspectives to inform research, rather than giving preference to the pre-set procedures of one particular method (Chamberlain, Cain, Sheridan, & Dupuis, 2011; Goodbody & Burns, 2011). In terms of the narrative aspect of my methodology; I sought to gain meaning from the stories that survivors told about their experience of healing after abuse, and I also was interested in how those stories served to shape and convey identity. Furthermore, I understood that their stories mattered not only in terms of their content, but in terms of their structure, performance, voice, and audience and that the social, political, and cultural context of their stories was important (Bamberg, 2012). In terms of the hermeneutic aspect of my study, I brought an interpretive lens to the understanding of meaning that I gained from the stories of survivors (Paterson & Higgs, 2005). I interpreted the memoirs through a critical feminist lens, as well as through my own history, education, and culture.

3.2.2 Hermeneutics

Hermeneutics inquiry is concerned with gaining a better understanding of phenomena through interpretation of text (Koch, 1999; Paterson & Higgs, 2005). Hermeneutic theory states that we cannot know the lives of others, but instead, we can use interpretive processes to better understand how the lives of others are lived (Koch, 1999). The philosophies underlying hermeneutics were influenced by several German philosophers, mainly Husserl, Gadamer, & Heidegger (Koch, 1999). According to Heidegger, there can be no objective position when interpreting text, therefore in terms of research; the researcher's knowledge must be part of the interpretation of data (McConnell-Henry et al., 2009). Hermeneutics facilitates a deeper understanding of text by utilizing the researcher's theoretical and personal knowledge (Koch, 1999).

The lens that I bring to the interpretation of meaning from the memoirs of CSA survivors is that of critical feminism. Several feminist theorists and scholars have influenced my methodological choices, as well as my understanding of healing from CSA as a social and political phenomenon. Feminist scholars such as Marlene Kadar (1992), Sidonie Smith (1993, 2010), and Julia Watson (2010), have elevated life writing, encompassing many different autobiographical forms, including memoir, for the focus of research. Feminist scholars, such as those mentioned above, embrace the complexities of working with life writing, and assert that

our knowledge of human experience is enhanced by incorporating history, identity, and politics in all the ways that they influence subjective interpretation.

In terms of a feminist lens several authors have influenced my subjective interpretation of the memoirs of CSA survivors, including Nancy Whittier (2009), Sam Warner (2009), and Paula J. Caplan (2004), among others. Whittier (2009) provides a framework for understanding the political and societal nature of CSA, as well as the feminist social movements that have attempted to change the discourse on CSA throughout history. Warner (2009) provides a discussion on the effects of CSA within a feminist framework, and asserts that the politics of medicine and psychiatry continue to oppress survivors of CSA through diagnostic labels and modes of treatment. Similarly, Caplan's (2004) concerns with subjectivity and bias in psychiatric diagnosis provide an understanding of healing from CSA as a political issue. All of the above authors, as well as others, have influenced the interpretive lens that I bring to the understanding of my analysis of the memoirs of CSA survivors.

3.2.2 Memoir as a Data Source

There is support for looking to existing narratives rather than eliciting narratives through interviews when studying various phenomena (Chamberlain, Cain, Sheridan, & Dupuis, 2011; Creswell, 2007). Creswell (2009) states that there are advantages and limitations to using existing forms of data in qualitative research and suggests that as long researchers consider both, existing data can be a worthwhile focus of inquiry. Creswell's identified limitations of using existing data include consideration that the materials may be incomplete, that information may be protected and not available to the public, and that narratives may not be equally articulate or perceptive (2009). In terms of advantages, Creswell suggests that using existing documents as data allows the researcher to hear the stories in the words and the language that the author intended, without influence from the researcher, to obtain narratives in an unobtrusive way, and to obtain data that is carefully thought out and compiled based on the knowledge that the author did so of their own volition and accord (2009).

Chamberlain and colleagues have suggested that there is a need for new sources of narrative data to counteract the "preponderance of the interview study" (Chamberlain, et al., 2011 p. 152). In consideration of Chamberlain and colleagues' call for more varied sources of narrative data, I believe that there is much value in looking to existing narratives, such as memoir, as a source of knowledge. As Creswell (2009) points out, because the narratives that I

will be analyzing have already been written and published, I know that I have not harmed participants by eliciting their stories of CSA. As well, rich and complex data can be acquired from the memoirs of survivors. Furthermore, as previously stated, survivors' published narratives of healing exist partially to communicate to other survivors about healing in order to construct an overarching healing narrative. Understanding that healing narrative including what themes are communicated in it, and in what language is it communicated are worthwhile foci of research (Langdridge, 2008; Finlay, 2011).

Memoir, as a source of qualitative data, has a history of use in feminist qualitative research (Taylor, 2009). Feminist scholars are interested in the ways that memoirs shape and challenge dominant narratives on a wide range of subjects including traumatic experience of black women in the civil rights movement (Berg, 2009), sexual boundaries (Gwynne, 2011), conflict among women in the North American women's movement (Smith & Watson, 2010), the experience of bipolar disorder (Schoeneman, Putnam, Rasmussen, Sparr, Beechem, 2012), historical accounts of African-American midwives and their implications for contemporary midwifery (Craven & Glatzel, 2010), and models of trauma and child sexual abuse in misery memoir (Bates, 2012).

A memoir is generally understood as a "literary genre that is written in the first person and conveys a discrete life experience rather than chronicles a life" (Taylor, 2009 p. 125). Traditionally, memoir is published in the form of a book, but can also be communicated in the form of blog, photograph, painting, fiction, and documentary (Taylor, 2009). Some have suggested that memoir is a less useful form of data due to the unreliable quality of memory and its subjective nature (Gardner, 2001). Others suggest that privileging autobiographical knowledge serves to both help us better understand the social context of events, and to empower those with whom we study (participants) (Watson, 2006). Furthermore, approaching research data provided by participants from a position of distrust is antithetical to the anti-oppressive nature of qualitative research (Watson, 2006). Setting aside the positivist notions of objective truth seeking in research allows for recognition of memoir as a legitimate and worthwhile data source.

3.3 My Story

As a researcher that adopts the social constructivist paradigm, it is important that I reveal my position, so that the reader may understand my bias when considering the transferability of

the results of this study. I understand that I cannot take an objective stance, and that the nature of qualitative inquiry demands that I involve my previous held knowledge in the research process (Creswell, 2009). Firstly, I will reveal my purpose for undertaking this study.

I am currently in the process of completing my master's degree in school & counselling psychology, which requires that I undertake course work, as well as complete a master's level thesis, which I will defend at the completion of my program. I am currently working as a counsellor in a school division that serves several rural communities. I aim to continue my work in counselling with both children and adults. It is important to me that my research reflects my interest and background, and potentially contributes to the practice of counselling and helping in general.

The fact that my research involves individuals who have survived CSA speaks to my involvement in the Saskatoon Sexual Assault and Information Center (SSAIC) as well as my practicum experience with the Saskatoon Health Region in Community Adult Mental Health Services (CAMHS). I have volunteered for the SSAIC for several years as a crisis line worker, answering calls from survivors of sexual assault as well as those needing support as adult survivors of childhood sexual abuse and others seeking information and crisis intervention. In 2011/2012, I spent nine months as an intern with CAMHS, counselling adults both individually and in groups. At CAMHS I worked with several individuals who were coping with and healing from the effects of CSA. I co-facilitated a group counselling program called Moving on from Trauma, which afforded me the opportunity to hear several stories about the after effects of CSA; stories that involved shame, frustration, and sorrow, but also revelation, happiness, and hope. Repeatedly, the individuals that I spoke to communicated their disconnection, self-blame, regret, and fixation. Others spoke of forgiveness, and finding relief in letting go of the past. Through my communication with survivors of CSA, I have developed certain preconceived notions about what healing from CSA looks like and what facilitates healing. I have often heard, when speaking with survivors about healing, that they want to hear about others' experiences. While debriefing with participants in the Moving on from Trauma group, it was expressed that they wanted more time for sharing stories; for telling theirs, and for hearing others'. Also, survivors spoke of reading books that focused on healing from CSA, leading me to believe that survivors are actively seeking out others' stories of abuse to help them make meaning and facilitate healing.

It should be noted that my previous research, volunteer, and practicum experience informs my own ideas about the concept of healing. My limited research experience has centered on the construct of self-compassion. Self-compassion is conceptualized as an alternative way of responding to the self in times of distress, whether that distress is caused by something that the individual has done, or is completely beyond the control of that individual (Neff, 2003). Self-compassion involves the understanding of one's own pain and suffering, the knowledge that their pain is part of the human condition, and an attempt to alleviate one's own pain, identified in the three components to self-compassion: self-kindness, sense of common humanity and mindfulness (Neff, 2003). I made a connection between the concept of healing and self-compassion while I was participating in continuing training for my volunteer work at the SSAIC and writing my honours thesis (titled *Self-compassion in the Lives of Adolescent Girl Athletes*). The topic of one of the training sessions was self-blame after sexual assault and the importance of expressing to the survivor that the assault wasn't their fault. I connected this to self-compassion because I felt that those with strong self-compassion would accept this message more readily than those who were more criticizing of the self. Later, while I was in the earlier stages of developing my topic of research, I came across Clancy's *The Trauma Myth*, which shifted my focus to the intense experience of shame felt by survivors of CSA associated with the cultural taboos surrounding the sexual abuse of children, and the incongruity with the pervasive rape narrative in society. During this reading, I felt that self-compassion may have implications in the experience of shame after CSA. My beliefs about self-compassion and healing from CSA are presuppositions that I will consider when analyzing the texts. Finally, I chose to focus on existing narratives in the form of memoirs based on my previous held knowledge about survivors seeking out the stories of others to make meaning of their own abuse.

3.4 Data Collection Process

The choices a researcher makes regarding research methods should be based on the basis of how they service the research question (Chamberlain, et al., 2011). In consideration of this assertion, I have chosen a method for data collection that will service my research inquiry. I wanted to know about how healing is reflected in stories about survival of CSA and specifically; I wanted to know about healing as it is reflected in published memoirs that are readily available to other survivors of CSA and the general public. I wanted to know what survivors communicate to others about healing.

To begin my search for the memoirs to be used as data, I first conducted a preliminary internet search with the terms “child sexual abuse” and “memoir”. I recorded some potential titles and searched for those titles within the University of Saskatchewan catalogue and the Saskatoon Public Library (SPL) catalogue. I then conducted a more in depth search of both the University of Saskatchewan and SPL catalogues, entering in search terms such as, “child sexual abuse”, “healing”, and “memoir”. With these preliminary searches I was able to compile a list of sixteen memoirs that were possible candidates for inclusion in my study. In order to be sure that I was casting the widest net possible for available memoirs, I contacted two librarians at the University of Saskatchewan to utilize their expertise in searching for library resources. I communicated with one librarian, an expert in the indigenous studies portal research tool, through email. She advised me how to use the research tool in order to search for resources specific to the Aboriginal experience of healing from child sexual abuse, such as memoirs written by survivors of residential school abuse.

Another librarian at the University of Saskatchewan Education library met with me to help me use specific search terms to use in the numerous databases accessed by university libraries. I was advised to use the search terms “adult child sexual abuse victims” to obtain the largest pool of results and then to narrow the pool by adding the search terms “healing”, “recovery”, and “resilience”. I entered these search term into the USearch search engine, the library catalogue, and the PsycInfo data base. From these secondary searches I was able to compile a list of eighteen additional titles for possible use as data sources. I then conducted a physical search for all of the titles at the SPL and University of Saskatchewan libraries.

Several of the titles were excluded from the list once I was able to view the physical copy because I discovered that they did not fall into the inclusion criteria (e.g. the book was not a first person narrative, but a text written by a psychologist meant to describe a theory of healing from CSA). After seeking out the titles on my lists at the SPL and University of Saskatchewan libraries, I had twenty-one titles in my possession; two DVD documentaries and nineteen books. I then was tasked with reading or watching the twenty-one memoirs. Sixteen of the memoirs were excluded because for the most part they did not offer survivors’ perspectives of the healing process, but rather they offered an account of the survival of the abuse.

An example of a memoir that fell into this category was *Tiger, Tiger: A Memoir* by Margaux Fragoso. Fragoso’s memoir was a moving and thoughtful account of her experience of being

abused by a male family friend during her childhood and adolescence. While her memoir is incredibly valuable as a testimony of her experience and certainly has the power to convey healing to the reader through the act of disclosure, I did not choose to include it because she does not write it as a descriptive account of her experience of healing from the abuse. The memoir ends with her as a young adult, questioning her role in the world after her abuser has committed suicide. I specifically sought out memoirs that provided an account of thoughts, emotions, and experiences that occurred in the aftermath of the abuse; ones that the survivor identified as part of their experience of healing. In the end, I chose three memoirs to include in my study.

Three memoirs are admittedly a small data set according to guidelines regarding purposeful sampling to arrive at saturation (Guest, Bunce, & Johnson, 2006); a concept meant to guide qualitative researchers in choosing samples size. Guest, Bunce, and Johnson (2006) operationalized saturation in purposive, nonprobabilistic sampling of qualitative interviews and recommend six to twelve interviews. That recommendation is understood in light of the fact that the authors are talking about interview data and are adopting positivist research assumptions by suggesting that the goal of research is to “assess variation between distinct groups or correlation among variables” (p. 79) or to “understand common perceptions and experiences among a group of relatively homogeneous individuals” (p. 79). The stated purpose of my research is neither an attempt to assess variation between groups or to report on only the common experiences of a group of individuals, but is an attempt to explore the unique stories of individuals and better understand the idiographic experience and commonality involved in the healing process of survivors.

I chose the three memoirs for a variety of reasons. The first reason is that they were all told from the perspective of adults who had something to say about the process of healing from abuse. The authors or speakers were all relating a narrative of healing; the steps of healing, the conditions for healing, the contrast between healing and the damage caused by abuse, and the results of healing. The memoirs I chose also struck a balance between providing a varied account of healing and the commonality of the experience of healing from child sexual abuse. In terms of variety, the survivor narratives I chose provided diverse perspectives in terms of sexual orientation and gender, as well as the way that their stories were conveyed. In *The Obsidian Mirror*, Louise M. Wisechild, a white, lesbian woman, uses vivid imagery and gives identity to her inner voices as a literary device to convey her interior world throughout her journey to find

herself after devastating childhood of abuse. I believe that the three memoirs that I chose provide a rich and complex picture of individual experiences of healing from childhood sexual abuse, while also providing a sense of the commonality inherent in the process of healing.

3.5 Narrative Analysis

I begin the discussion of data analysis by acknowledging that the process of analyzing qualitative data does not neatly begin at the conclusion of data collection (Coffey & Atkinson, 1996). Analysis began informally as I collected the narratives and reviewed them to understand whether or not they fit within the inclusion criteria for my study. The method of narrative analysis that I employed is derived from Lieblich, Tuval-Mashiach, and Zilber's holistic-content perspective (1998). Bamberg differentiates between big stories and small stories, where small stories are short, everyday interactions from which we mine meaning by paying attention to the structure and performance of narrative, and big stories are longer stories that include life determining episodes from which meaning is interpreted (2007). Small stories lend themselves to narrative analysis methods that focus on the performative aspect of narrative, such as the interactive-performative approach, because the limited content makes it possible for such an in depth analysis of the textual components of storytelling (Bamberg, 2012). The memoirs in my study constitute big stories, and therefore; require a focus on the content of the stories from which to gather the meaning of the experience. Furthermore, the holistic-content approach provides a process for reading content that allows for a dual focus on both the whole of the narrative and the units that help to organize the meaning for the reader, as represented in themes.

The process of holistic-content analysis is as follows

1. Step one is several readings of the story, in this case the individual memoir. The researcher reads carefully, with an open mind, and seeks to detect meaning from the text.
2. Step two involves the researcher writing down her impressions of the narrative, noting exceptions, contradictions, and unusual features.
3. Step three involves a focus on the content in order to develop themes. It is at this point that the researcher begins to determine the deeper meaning as communicated in the text by paying attention to the space devoted to the theme as well as the details devoted to it.

4. Step four requires the researcher to mark (colour code) the text to differentiate the various themes.
5. Step five involves keeping track of the results by noting the relative salience of the themes in the text.

I also included Josselson's (2011) understanding of the Heidegger's hermeneutic circle, "in which an understanding of the whole illuminates the parts, which in turn create the whole" (2011, p. 226). The holistic content analysis framework and the concept of the hermeneutic circle guided my reading and analysis of each memoir, and I incorporated a procedure to organize my thoughts throughout subsequent readings of the material and the passages that emerged as meaningful from the text. I initially read each memoir and watched the documentary without putting pen to paper, or highlighting any passages. I tried to understand the stories the authors were telling as a whole piece of work. It was during this initial read that I let the authors' words and my own thoughts work together and bounce back and forth in my imagination of what themes would emerge. At certain times, a passage would jump out at me as it spoke to a concept or idea in my head that I already connected to the concept of healing, while at other times I would linger on a thought from the author that seemed novel to my previously held knowledge of healing and the after effects of child sexual abuse. After my initial read or viewing of the material, I then conducted a deeper reading of the material, wherein I wrote notes in the margins regarding my thoughts and understanding of the messages that the author was trying to convey.

I then typed documents that included each and every phrase that I had highlighted or transcribed (in the case of the documentary). It was at this point that I, according to Josselson (2011) as well as Lieblich and colleagues (1998) holistic content analysis, attempted to organize the pieces of the material in light of the whole narrative. I color coded each of the passages in order to group together passages of similar meaning. I then cut out each of the passages and organized them on a large poster with headings for each of the categories. In order to understand each of these different categories in light of the whole narrative, I drew connections between the different categories to outline the similarities and differences between them. I then grouped the different categories into overarching themes that emerged based on the connections I drew between each of the categories. Once the themes had emerged I wrote them down on another

poster with the phrases that I used to “connect” the different subcategories under them (e.g., Normalizing, Connection, Erasing Shame).

Again, in order to return to the narrative as a whole, I drew connections between the themes and listed the ways that themes were interrelated. I also considered each theme in light of the author’s story as a whole and whether or not the theme fit within the entire narrative. I did this by understanding the passages that I had chosen in light of the context and plot from which they were taken from. For example, a passage from *Saved from Silence*, that I included in my understanding of the meaning of The Journey of Transformation was, “I will always grieve for my child self... but I allow myself the permission to grieve” (p. 128). I revisited that quote in the original text and understood it in light of its context in order to see if it fit in terms of the meaning I was interpreting to it. Once this process was completed, I then presented the themes as the results of my narrative thematic exploration of the memoirs. I then engaged in cross-narrative analysis that involved comparing and contrasting the themes elicited from the individual narratives in order to discuss the results in terms of the assumptions of narrative research. The cross-case analysis resulted in a collective healing narrative that I derived from the multiple narrators.

3.6 Rigor and Trustworthiness

For those who adopt the post-positivist paradigm, qualitative research may challenge their notion of validity and rigor (Osborne, 1994). It is important for those who read qualitative research to understand validity as pertaining to being an accurate representation of the participant’s standpoint (Creswell, 2009). It is for this reason that terms such as trustworthiness and authenticity are used in place of validity (Creswell, 2009). Creswell (2009) suggests using several strategies to establish the trustworthiness of results, including clarifying bias, using thick description, and member checking. Member checking has been identified as “the most critical technique for establishing credibility” (Lincoln & Guba, 1985 p. 314). It is admittedly difficult to utilize member checking during a study that uses existing narratives, in that it is difficult to contact the writers because they will not actually participate in the study. In order to make an attempt at a form of member checking, I have forwarded the results of my study to one of the authors of the memoirs in order to have her review my findings and provide her opinion on their authenticity. I was previously in contact with Amanda Richardson in order to explain my research topic, and to ask her for her permission to include her memoir in my study. When I

finished my study I forwarded her the rough draft of the finished document and invited her to review it and comment. The following is an excerpt from that email exchange

Dear Amber,

Thank you for taking the time to send this to me! It's abundantly obvious that, although you yourself are not a CSA survivor, my story, as well as others, have given you a deep understanding on the topic.

As you know, it's very healing to know that my journey has been used to enlighten others. It's clear that you have a very good understanding of just how far I've come, and how difficult that road truly was. You've done an excellent job on the topic!

I thank you for listening to my words carefully and using my journey as part of your study.

The difficulty involved in using existing narratives as data is that I am limited in the amount of thick description I can include in the results. I have attempted to counter this by providing many direct quotations from the narratives. I have also chosen narratives that provide background and context so that the reader will be able to better assess transferability.

3.7 Delimitations and Limitations

The proposed study has been delimited to narratives that meet certain requirements. First, they were all first-hand accounts, meaning; they were written or spoken by the survivor in their own words. Second, they were written by survivors at from a perspective that portrays the healing process. Third, they were complete enough that they do not just reveal an account of the incident, but also the events and emotions that occurred for a time after the incident.

Qualitative research is inherently limited by the fact that it cannot be generalized to the greater population (Creswell, 2009). The same is true for my study of existing narratives, which is an attempt at a better understanding of healing from CSA as it is being negotiated and constructed by survivors of CSA. The survivors presumably wrote their stories to portray their experience with healing in the hopes that someone else would gain meaning from it. Although each experience is unique to the individual it is hoped that the reader will be able to gain their own meaning from the study.

Chapter 4: NARRATIVE ANALYSIS

After the process of data collection, which I have outlined in Chapter 3, I was able to include three memoirs for analysis. The first memoir that I will discuss, *Boys and Men Healing from Child Sexual Abuse*, is not a conventional memoir, but is in the form of a documentary film that presents interviews primarily from three male survivors of CSA, and also includes the voices of several other men during the filming of a group therapy session. I have included *Boys and Men Healing from Child Sexual Abuse* on the basis that personal accounts of events from one's life need not be recorded in literary form, but can take many different forms as made possible from technological advances (e.g., blog, web forum post, video diary) (Smith & Watson, 2001). The second memoir that I have included is titled *Saved from Silence*, and is an autobiographical account of the author's "journey back from a childhood abuse" (Richardson, 2010). The author chose to include very little detail of the actual abuse perpetrated against her by her father, but rather documented, in detail, her struggles as an adult to overcome the denial and secrecy required to work toward her authentic self. The third memoir, *The Obsidian Mirror*, is another written work by a woman who survived the sexual abuse of male members of her family. The author used the dialogue of her inner voices to display the struggle she endured as she struggled with an internalization of society's scepticism in the stories of abuse survivors, and an identity based on self-doubt and criticism. All three of the memoirs were captivating, thought provoking and provided valuable knowledge.

As mentioned above, I have employed Lieblich & colleagues holistic content perspective to guide my data analysis approach, and to structure my analysis of each memoir. I have organized this chapter on narrative analysis by first summarizing each memoir, such that each story is situated in time and context, and then by presenting the meaning elicited from each of the memoirs separately.

4.1 Boys and Men Healing from Child Sexual Abuse: A Big Voice Pictures Production

Boys and Men Healing from Child Sexual Abuse is a 2006 American documentary film that provides the story of three adult male survivors of CSA; Tony, an African American man in his approximately late twenties, David, a Caucasian man approximately in his fifties, and Mark, a Caucasian man approximately in his forties. All of the men are well spoken and seem to be comfortable in front of the camera. We only know two of the men's professions; David is a

forensic psychologist who works helping men who are survivors of childhood sexual abuse and are in the justice system and also writes on the subject and Tony is a teacher.

Tony began his story by describing his thoughts and feelings during the rape he experienced as a nine year old boy living in St. Louis. He told about how he feared that this man, later convicted of raping several children in the neighborhood, was surely going to kill him, and how his survival instincts kicked in so that he focused on his love for his family and how much he needed to get back to them. After the incident, Tony told his parents who did not know how to deal with the information and refused to talk about it. Shortly after, Tony's grandmother took him away from his mother for three months and while she did not speak of the rape Tony felt deeply nurtured and cared for by her. When Tony was ten years old, the man who had raped him was brought to trial and convicted. Shortly after the conviction, Tony's father left the family. Tony's father's abandonment left Tony with the understanding that his father was ashamed of him, because he was not man enough to fight off his attacker. After his father left, his mother fell into a depression, resulting in his paternal aunt taking in Tony and his siblings for a time. While living with his aunt his older male cousin also sexually abused him. Tony felt betrayed not only by this cousin, whom he idolized, but by all of his male family members who had not been abused; this left him feeling deeply alienated from the other men in his life including male friends. In the years following his abuse, Tony was troubled and angry. He was constantly getting into fights at school which prompted his principal to warn him that if he did not figure out where his anger was coming from, Tony would eventually kill someone. Shortly after that warning Tony told one of his friends which marked the beginning of his healing journey because he had broken his silence.

David shared his history of abuse by first laying out the circumstances that allowed his abuser to enter his life. David's mother, as a single parent, was in need of someone to watch her children while she worked, and had taken on a boarder who would watch her two boys. The man that she hired would sexually abuse David over the course of several years. After the abuse, David had no access to the memories, and only began to remember later on in adulthood. He described being flooded with flashbacks during the course of one very powerful therapy session. Curiously, David had dedicated his work and research to male survivors of child sexual abuse before accessing the memories of his own abuse. Throughout David's life he experienced bouts of anger and depression; on two separate occasions he sat with a gun in his hand, contemplating

taking his own life. Only once he made the connection between his pain and his past abuse was he able to start working toward healing.

Mark's history of abuse was characterized by its chronicity and the betrayal of trust inherent when the perpetrator is a trusted authority figure and spiritual leader. Mark was sexually abused several times a week by his priest throughout his adolescence beginning at thirteen years old. His abuser constantly told him that he loved him and that he was special. He told Mark that the abuse was a normal interaction between two people who cared about each other. Over the course of time, Mark's abuser became very physically violent and Mark tried to break away, prompting the abuser to move on to Mark's little brother. Knowing that he had to protect his brother and other children, Mark was galvanized to speak out about the abuse. Mark described his identity after the abuse and before his healing process as being cold, closed off, and a workaholic. He remarked that his biggest step in his healing journey was when he decided to tell his story as an adult.

After listening to the stories of these men and the messages that they, and that the other men involved in the film, conveyed for the filmmaker, I was able to establish three narrative themes. Redefining Self "*I Was One in My Body*" was the theme that emerged from the messages that the men conveyed about how they were able to define themselves through the work of healing. From Denial Toward Positive Change "...*When I Broke My Silence*", reflects the concept of speaking out to make something of one's suffering. And finally, Common Path "*What Separates Us is as Thin as a Thread*" is the theme that emerged from the men's statements about the experience of connectedness with others.

4.1.1 Redefining Self "*I was one in my body*"

The first theme that I will discuss from *Boys and Men Healing from Child Sexual Abuse* involves four interrelated sub-themes: Caring for Self, Asking for Help, Masculinity, and Working at Healing. The common thread that connected the four sub-themes is the concept of dedication to defining (or redefining) the self within a climate of care and nurturing. For the men in the documentary, this theme was especially pertinent because they found that relating to themselves in a nurturing way was very much in opposition to prevailing cultural tropes about masculinity. Part of the process of defining oneself involved allowing themselves the space and time necessary to do the work of healing and giving themselves permission to be sensitive and emotional. All of the men discovered that they were worthy of care and healing by overcoming

contrary messages that they had received through their abuse and through the cultural expectation that men maintain a “stiff upper lip” when faced with hardship.

Caring for Self

Throughout the documentary there were several statements made by the men that spoke to the concept of showing love to oneself, or self-talk that had a soothing or nurturing effect. In a discussion of how their relationships had suffered in the past, several of the men opined on what was necessary to overcome the interpersonal damage of their abuse. Mark, a married man with two children, suggested that in order to connect with his family in a loving and joyful way it was necessary that he first show love and care toward himself. His message to other men who are working to mend their intimacy issues is that “if you can’t love yourself you are not going to move forward and you’re going to stay in a place that’s unhealthy.” Later on in the film, Mark explained how he had overcome the shame that he felt for years during and after the abuse. He reminded himself that the abuse was “not something I did” and that “the blame belongs there, not here.” He spoke the words into the camera with his hand over his heart seeming to signify that he has internalized that message to his core. His statements were very clear that he was able to hold his head high, and could speak publicly about his abuse because he had been able to tell himself that the blame belonged with his abuser.

Toward the end of the film, Tony spoke of an act of kindness and nurturing that he was able to show to himself by talking to himself as a child:

I told myself I would come back to me as a man ... I talked to him and I told him ‘it’s ok, I’m your father now and I will protect you. I am responsible for you and your safety’. And I embraced him; spiritually I embraced him. It was at that moment that I felt I was one in my body.

Tony was speaking of an experience that can be described as spiritual. He was speaking of a meditative experience that allowed him to provide the care and protection to himself that he was never afforded as a child. Furthermore, he was acting toward the man that grew of that child; he was turning toward himself to say that he is deserving of safety and protection. The viewer may have been compelled to picture Tony kneeling down to a nine year old boy and soothing his fear with his words and that the boy would feel supported and secure in knowing that he was worth that protection. The viewer then might have wondered, as I did, what that responsibility entailed for Tony as an adult man. What was Tony promising to himself? The viewer might have

concluded that from that point on in Tony's healing journey he was able to shield his own sense of worth in times where he perceived judgement. The result of that meditation was that Tony was able to feel that he was "one" in his body. The phrasing that Tony used was interesting in that it conveyed a feeling of wholeness and transformation in the moment. As a viewer I was left with a sense that Tony was able to mend a schism that had existed between his child self and adult self. Perhaps there was a differentiation between the child Tony that deserved protection and the adult Tony who was a grown man, and in the tradition of gender stereotypes, should not need that same nurturance. Perhaps the schism existed between the child that was victimized and the man that was now a survivor. Wholeness and transformation was communicated by Tony as being the result of the care and protection that he had chosen to show to himself.

Asking for Help

Similar to the subtheme of Caring for Self, the subtheme of Asking for Help involved a departure from traditional male gender stereotypes in order to help the survivors in healing. When Tony spoke about asking for help, he did so in the context of his struggle to deal with the effects of the abuse on his own. It was as though he had, for a time, tried to suppress the pain of his abuse and had reached a point where he could no longer do so. He did not speak of asking for help as though he had given up the struggle, rather his words suggested that the act of asking for help was a triumph over the isolation that he had been experiencing. Tony stated that "asking for help was the most profound act of kindness that I could do for myself." It was conveyed that the isolation he was experiencing was a barrier toward his healing and that asking for help was not an act of surrender but an act of kindness. He went on to further convey that asking for help was the impetus for a transformation of self, which is consistent with the overall theme of redefining self. Tony stated that he "didn't know that asking for help would make me feel powerful." He discovered that his strength came not from his ability to keep his pain to himself, but in his ability to concede his masculine façade and reach out to another.

Working at Healing

The survivors in the film also communicated the message that healing involved work. Whether it was overcoming intimacy issues to have healthier relationships with their families, or overcoming self-doubt with hope, the men all made reference to the concept of working toward a goal and that it required an investment. David made mention that he committed to doing the

work of healing within a therapeutic relationship, as did Tony. Mark stated that he was able to overcome his questions about his sexual identity through the work of healing and suggested that other survivors could also feel more secure in their identities by saying “only as you begin to heal and become more self-confident in who you are, then those questions are gone.” He went on to say that the results of the work of healing are well worth it, when he stated that, “when you do make those efforts, when you do work at it ... when you are true to who you are, then you can learn to have healthy relationships and it’s worth every bit of it.”

I included Working at Healing under the umbrella of Redefining the Self because the men’s quotes in the film suggested that the work that they did on themselves was tantamount to taking steps toward a transformation, suggested by Mark when he said “every step that I took toward healing was better than the step that I took back.” The work of healing was done in a climate of care and commitment, which resulted in hope, for which Mark stated, “men need to have hope, and when you have hope, you will heal without a doubt.”

Masculinity

Clearly communicated in the film was the message that the men struggled against the imposition of male gender stereotypes in their path to heal from their abuse. Mark mentioned that when his abuse was perpetrated against him by another man, it required him to “heal damage to [his] male identity and masculinity”, suggesting that traditional ideas about masculinity did not leave room for his childhood violation by another man. Tony believed that his father left his family because he was ashamed that his son was not strong enough to fight off his rapist; reflecting the pervasive belief that one’s manliness is compromised if they are not able to protect themselves with feats of strength, even as a young boy.

The members of Tony’s therapy group also had much to say about their outrage with the “patriarchal structure and socialization of men” which results in men “holding everything in and not having outlets to constructively deal with our anger or deal constructively with our pain” as expressed by one group member. Another group member lamented that “for some people, being sensitive as a man [means] that you’re a punk, you’re a sissy, you’re a coward. But we all have that sensitivity and where does it go?” The group members were angry about how they experienced the pressure to conform to social norms regarding emotionality and how that had detrimentally effected their healing. The men also suggested that the socialization process of men left them with little in the way of resources to do the work of healing, stating that “as boys

we're condition to not cry, shut up, not share our problems. So we live isolated lives with our secrets, our stories, with our struggles." Here, the group member who shared this comment was saying that men are subject to emotional isolation; that they are encouraged to keep their stories and their struggles to themselves. His comment suggested that being raised within the structure of traditional masculinity is antithetical to healing which, to him, required sharing one's secrets, stories, and struggles with others; be that with professionals, loved ones, or other survivors.

The men in the film also voiced that they had experienced anxiety about their sexual identities in light of their abuse. In a world where masculinity involves being virile and hyper-heterosexual there is little room for any activity that could be considered homosexual, even when the act is forced upon the man, and even when the man is a child. There was an added dimension of shame for the men in the film because of the fear of judgement from others involving their sexuality, as Tony stated, "the men that I've met are reluctant to talk about their abuse because they don't want people to think that they're gay." Tony also made mention of his confusion about sexuality growing up, saying that he "questioned [his] own sexuality" and wondered "did I attract that energy." All of the men in the film, whether they were gay or straight, had to come to terms with the knowledge that their abuse was separate from their sexuality. One group member, who identified as gay, stated that he had told people who suggested that his homosexuality was linked to his abuse that, "if that was the case, all of my partners would be violent and abusive, and that is not the case." In light of their statements concerning the confusion between male sexuality and sexual abuse, it seemed as though the rigidity involved in men's sexual socialization provided a further barrier to healing.

Several of the men suggested that overcoming the stereotypes surrounding masculinity were important steps involved in their healing and that they came to know themselves differently when they were able to see masculinity as a social construction. Tony stated that his healing journey involved adding new information to the meaning of being a man; that "being a man means that you can have multiple emotions and feelings." One of the group members went from seeing his "sensitivity" as a liability, to seeing it as a personal strength that had gotten him through his pain in the aftermath of his abuse, saying that "I was always a sensitive boy, but that was my strength" and that his openness to a wide range of emotions allowed him to convey to his loved one's what was going on for him. Another man in the group stated that the concept of being "a player" is also part of the social construction of masculinity, and that the pressure to use

women for sex, rather than seek out emotional connection was detrimental to his healing, stating that, “we’re socialized to be a player, have a lot of girlfriends, but at that point I was searching for a real connection.” For the men in the film, reconstructing masculinity in order to understand themselves with less shame was part of their healing process.

4.1.2 From Denial toward Positive Change “...when I broke my silence”

The second theme that I discuss involved the three subthemes of Speaking Out, Placing Blame, and Activism. I have named the second theme From Denial toward Positive Change “...when I broke my silence” because there was a message communicated by the men that their healing was differentiated from suffering; wherein their suffering was marked by denial and silence and their healing was characterized by speaking out and using their suffering to create something positive. The first step in the process from denial to positive change was breaking their silence. Speaking out involved repositioning the blame from themselves to the perpetrator. The men all communicated that for them silence allowed for shame, while speaking out allowed for healing.

Speaking Out

All three of the main storytellers in *Boys and Men Healing from Child Sexual Abuse* spoke of the moment when they first broke the silence about their abuse. For Mark, he initially told his parents of the abuse in order to protect his younger brother from being preyed on by their priest. After his initial disclosure he fell back into a state of silence where he buried his past and became lost in his work, until he faced the fact that his despair was affecting his ability to live fully and connect with his wife and children. From there, Mark told his wife what had happened to him and began to speak out against the church and its complicity with his abuser. David suffered in silence throughout much of his life, while withholding the secrets of his abuse. In fact, he buried his secret so deep that his memories were inaccessible to him until his thirties. After he began to remember his abuse, he was able to make disclosures to his therapist, his wife, and his clients, who were also male survivors of CSA. Tony’s initial disclosure of his abuse resulted in the capture and conviction of the perpetrator, but also resulted in his family’s silence. No one validated his experience as a child, and he was left with the impression that his speaking out resulted in the fracture of his family and further abuse at the hands of his cousin. He retreated back into silence until he was able to finally tell a friend in adolescence.

Tony described his disclosure to his friend in the following statement, “I cannot recall a bigger step in my own healing than when I broke my silence and told my story.” Tony identified telling his story as perhaps the biggest step in his healing. A deeper reading of this statement resulted in an understanding that there is something inherently therapeutic involved in putting words to one’s experience and having those words be heard by someone else. I was left with the notion that the act of breaking one’s silence marks the beginning of one’s healing journey, and that often it can be the most difficult step.

For one of the group members, it seemed as though speaking out meant addressing his own denial of what had happened to him. He spoke about how for many years he thought of his abuse as early sexual experience. Although he was a minor child and the experiences were sexually degrading, he never made the connection in his own mind that he had been sexually abused. He was left with the effects of his abuse that included him continually experiencing adult sexual experiences that were degrading and lacked emotional connection. The group member stated that he was unable to embark on his healing journey “until [he] owned what had happened” and that it “had been suffering up to that point.” For yet another group member, the ability to speak out was seen as a great strength and he recognized that his “ability to convey what was going on for [him] is what helped [him] to survive.” Speaking out allowed them validation, was the impetus for inviting help from others, and marked the beginning of the healing journey.

Placing Blame

The subtheme titled Placing Blame concerned the statements that the men in the film made about shifting blame for the abuse from themselves to the perpetrators, and in some cases, the institutions that allowed for their abuse. Through the process of repositioning blame to the appropriate target, the men in the film were able to normalize their experiences in the aftermath of the abuse. For instance, Tony discussed the physiological symptoms that he experienced when he was triggered by a reminder of his abuse, such as shortness of breath, saying, “I thought I was abnormal. I never even connected it with my rape.” Later on, when he was able to make the connection between his suffering and his childhood abuse, he felt less negativity about the way his body reacted to emotional triggers. With the knowledge that his symptoms were a result of the abuse perpetrated against him by someone else, he could shift from cognitions that told

him that there was something wrong with him, to cognitions that told him that something wrong was done to him, and that his body was reacting naturally.

In the film, we are told that David had dedicated his work as a psychologist to helping other male survivors of CSA that have ended up in the correctional system. He stated that “but not for some special circumstances, that [he] could have ended up in jail.” His words suggested that placing blame with the perpetrator and normalizing the experience of the survivor is important in the process of healing, and that without it, the shame that comes along with self-blame may manifest itself in law-breaking and aggression that may land a survivor in jail. In one segment of the film we were introduced to one of David’s clients named JT. JT, while serving his murder sentence on death row, discussed his thoughts on the abuse and his message for other survivors. JT mentioned that as a child, he blamed himself for the abuse and that he had learned in adulthood to reposition the blame to his perpetrators, “I thought I was the cause...if I could let [other survivors] know anything, is that it is just the opposite.”

Mark was also able to manage his emotions about himself through his acknowledgement that he was not to blame for his abuse as a child as expressed in his statement, “I’ve taken my life back and I recognize it for what it is. It’s not something I did, so I don’t have that shame. I’ve shed that shame and the blame belongs there, not here.” Mark was emotional about his abuse, but his anger was directed toward the abuser and the Catholic Church, who did not report his abuse to the authorities and who allowed his abuser to continue on as a priest. The men on the film communicated that changing one’s thoughts about the abuse, such as attributing the abuse to the perpetrator; can have a profound effect on one’s emotional experience.

Activism

Another message from the film was that healing involved the act of using one’s experience of abuse in order to affect positive change and to reach out to other survivors of abuse. David stated early on in the film that he is “driven to try to help other men”, as evidenced by his research and his practice that is dedicated to male survivors of sexual abuse. As a result of his work with survivors who have been convicted of crimes, David had taken up the cause of reaching out to survivors in childhood, so that they did not have to suffer in silence. He stated that “there are so few men who have been abused who are getting help; it’s tragic. It means that there is so much more suffering than there needs to be.” He suggested that the solution was to not wait for boys to speak out, but that “we have to reach out to boys and young men in a very

proactive way.” A member of Tony’s therapy group echoed that sentiment when he stated that “men will tell their stories, we just have to make the space for them to tell them”. By making those statements, the men were contributing to a larger narrative on how men heal from sexual abuse and they were actively attempting to change the status quo. Part of their healing came from their knowledge that they have used their experience of suffering in order to make things better for other survivors.

The subtheme of Activism was also illustrated by the film’s focus on Mark’s campaign to amend the law in his state that dictated the statute of limitations on filing charges against sex offenders. Also during the course of the film, Mark made statements to the media decrying the practices of the Catholic Church in covering up the actions of known sex offenders. Mark’s mission was clear when he stated, “I will never stop until the institutes recognize that you cannot put a known predator in front of children”. His desire to protect other children from being abused “galvanized [his] absolute determination to send a message, to speak a truth, without a doubt.” For the men on the film, healing was not only about one’s own personal pain, but healing on a societal scale.

4.1.3 Common Path “*What separates us is as thin as a thread*”

The final theme that I discuss from *Boys and Men Healing from Sexual Abuse* is the titled Common Path “*What separates us is as thin as a thread.*” The two subthemes, Managing Relationships and Discovering other Survivors, were joined by the idea of connection to others. There were many mentions in the film about the role of others in their healing, and that they could not heal on their own. The subthemes were differentiated because one was about statements regarding the collective experience of healing and how that is tapped into through communicating with other survivors, and the other involved the men’s statements about the role of loved ones in their ability to heal.

Managing Relationships

The men in the film conveyed the message that managing relationships involved a tension between the barriers they had constructed in order to protect themselves as children and their discovery of the wealth of experience that their relationships contributed to their lives. Some of the men spoke of the lingering effects from their abuse and how the previous interpersonal violation had left them wary of any form of touch or intimacy. Tony stated that he had a difficult time in relationships with his family because “all touch was seen as sexual.” Mark

also stated that he had experienced difficulty connecting with his wife in a sexual way and made this statement about survivors of CSA, “Intimacy with your partner is very different for the survivor; a simple touch could trigger memories.”

Tony also discussed his need to address his ruptured connection to other men, including men in his own family, “[the abuse] created a wall between me and other men... I held my male friends at bay.” Here Tony expressed that the abuse caused him to feel separated from other men who had not been abused and that he felt isolated. A man in Tony’s therapy group also stated that he has had to work at negotiating the boundaries in relationships, “I always say I have a ring of fire around me and it’s a conscious effort to let that down, to let people in and let myself out.” The message here was that they had to learn to negotiate the boundaries in their relationships so that they were able to feel comfortable, in light of the boundary violations that they had experienced as children.

The men in the film conveyed the message that they were able to move forward and were able to understand themselves differently with the support of loved ones. David in particular shared stories of how the connections he shared with a close male friend and his wife had enriched his life. On his friend Larry, a colleague and fellow researcher in the area of CSA, David spoke about the importance of knowing the close friendship of another man. He stated that Larry “has been an extremely important person in [his] life.” He told of a trip they took together and the therapeutic value of an embrace and a message of love from his dear friend, “he hugged me and said I love you, and that was the first time I had heard those words from another man.” Receiving love and acceptance from another man was especially poignant for David who had grown up without a father and was abused by the only other adult male figure in his life.

David also stated that his wife was another person that had helped him experience life in a richer way, by guiding him through his intimacy issues and undertaking the healing journey along with him. He stated that “the other really major part of reclaiming my life has been Claire. It’s been possible to have healthy relationships because of the healing and through my relationship; I’ve been able to experience myself differently. I’ve been able to experience just being alive differently.” Here, David was saying that connecting to someone in a loving relationship was a product of his healing and also facilitated his healing. The statements made by the men in the film reflected the notion that relationships provided the support needed to do the work of healing and enrich the survivor’s life, but that they require negotiation in terms of the

comfort level of the survivor in light of the interpersonal violations that they had experienced in the past.

Discovering other Survivors

Perhaps the strongest message conveyed in the film was the impact of discovering that they were not alone. All of the men expressed an element of surprise and relief when they met another male survivor of CSA. Mark stated that feeling alone was common among survivors when he said “It was so common among abuse survivors of feeling alone, of feeling it was only you”. Encountering other survivors was a powerful experience, as reflected by the statements made by the men in the film, such as when David stated that he often saw men break down when they entered the room in a group therapy session for male survivors of CSA, “routinely you see men starting to weep... because they realize they’re not alone.” Their feeling of isolation, and the shame that accompanies the horrible uniqueness of having been abused, of feeling like there must be something distinctly wrong with them, was greatly diminished when they realized that there are others out there who have also experienced CSA.

The men on the film also spoke to the power of experiencing healing as part of a collective; of the commonality of emotion. JT, the inmate that worked with David, also connected with other survivors of CSA in the prison, and said “I feel every bit of their pain, every bit of their embarrassment, they’re feeling ashamed.” He made mention that he would make the extra effort to make eye contact with those men and to speak in the halls. He wanted to make sure that they had another person who had felt the same pain, and that they should not be ashamed. When David revealed to JT that his motivation for working with survivors was because he too had been abused, JT thanked him for sharing that information and told David, “we give each other strength, I’ll pass that forward.” The men in the film suggested that there was comfort in knowing that their suffering and their healing were part of a larger common experience of survivors of CSA. One of the group members stated that “the [male survivor] group has been amazing for healing” and that “it’s helpful to know that we’re also walking parallel paths.” David echoed this message as well when he said, “everybody who’s been abused ... goes down their common paths.” When he considered the difference between himself and his situation as an affluent psychologist and the situation of JT, he stated, “sometimes what separates us is as thin as a thread.” With this statement, David spoke of his feelings of connectedness with JT even though their lives turned out very differently. He was able to understand JT in terms of

his humanity, rather than view JT as unlike himself. Feeling a connection to other people, through the commonality of suffering and of healing, was conveyed as being deeply therapeutic by the men on the *Boys and Men Healing from Child Sexual Abuse*.

4.2 *Saved from Silence: A Memoir My Journey Back from a Childhood of Abuse* by Amanda Richardson

Amanda Richardson's story began with a description of the property on which she grew up and the rails on her front porch, which she would sometimes swing from and suffer a splinter in her hand. Richardson described the hurt caused by the splinter as it festered and the knowledge that relief would only come through more pain as she worked to dig it out. With that allegorical introduction, Richardson set the tone for the story of her journey in healing from the sexual abuse she suffered as a child. Her memoir served to communicate the message that her healing could only occur by acknowledging and working through the painful process of addressing her past.

Richardson, a Caucasian woman, grew up poor in a suburban town in Texas during the 1980's with her mother, father, and brother, Daniel. The children were deeply fearful of their father, who was quick to anger and brutal physical abuse when they did not live up to his impossible standards of behavior and performance. His punishments were degrading and brutal and often involved humiliation. Richardson told her story by switching back and forth between events that happened in adulthood and events that happened in her childhood, however; the majority of her memoir takes place after she first admitted to her doctor that she was experiencing depression, which was the impetus for her addressing the aftermath of the physical, emotional, spiritual, and sexual abuse perpetrated against her by her father.

After expressing to her doctor that she could use some medication to deal with the depression she had been experiencing, she was referred to a counsellor. Richardson battled with a deep urge to suppress her past, and an uncertainty about whether her past even constituted a big enough "deal" to warrant her counsellor's help. After establishing a trusting relationship with her counsellor, Richardson finally revealed that her childhood did not only involve physical and emotional brutality, which she had already revealed, but that her father had sexually abused her from the age of ten to the age of fourteen.

The initial disclosure to her counsellor set off a chain of events that helped her escape "the bubble," which represented the false reality she had constructed to ignore the abuse, but also

resulted in a variety of consequences for her and her family as the secret came out. Some rallied around her as a support system, while others abandoned her or chose to live in denial; most crushingly, her mother was one of those who did not fully support her healing. Much of Richardson's struggle involved her trying to reconcile her emotions about her love for her mother and her reaction to her mother's betrayal. Richardson counted all of the struggles and suffering as important steps in her healing journey and painted a picture of a process that was personal, complex, and transformative. In writing her memoir, Richardson shared with us her "testimony" (p. xvi) after the test; the test being her survival of the abuse as well as the difficult process of healing to "become the woman [she] was always meant to be" (p.128).

4.2.1 The Journey of Transformation "*Grieving the abused*"

The first theme that I will present from Richardson's memoir has four subthemes titled, Letting Go, Coping & Strength, Recognizing Limitations, and Transformation of Self. Tying these four subthemes together was the concept of Richardson's transformation from what she calls "the abused" to survivor. Throughout her story, Richardson described several times where the act of letting go allowed her see herself differently, as well as to move forward when toxic relationships were holding her back. During the process of healing she was able to recognize her reactions to the pain of working through her past as coping, rather than failing. She began to notice herself as resilient. Part of her transformation was learning to recognize her own limitations and realize that healing was not about reaching perfection. Recognizing her limitations also allowed her to understand that she was deserving of care and consideration from herself and from others, resulting in her learning how to set boundaries with those who would hurt her. Finally, I discuss how Richardson voiced her own recognition of her transformation.

Letting Go

Part of the process that Richardson described as "finding herself" (p.129) involved grieving loss and letting go of the past. The past involved a cloak of secrecy and denial that she donned for the sake of her family and an identity that she named "the abused". For Richardson, the act of grieving allowed for passage into a new identity, as evidenced by her statement, "I was also saying good-bye to everything that represented the bubble. I was saying good-bye to the abused" (p.123). The bubble and the abused represented old pain and resentment. She resented having to bear the burden of her family's secret and portray a false self to the world. Richardson allowed herself to say good-bye to her old persona of the abused, as well as the pain and

resentment that came along with it. She also was faced with processing her feelings of sadness for her child self and the grief she felt over the loss of what could have been. Her grief was voiced when she said, “I will always grieve for my child self... but I allow myself the permission to grieve” (p. 128). Here, when Richardson used the term “allow myself the permission to grieve” it conveyed the message that she had acknowledged her right to feel sadness over what was done to her and that she has shown herself the benevolence required to give herself the conditions required for grief. Furthermore, she encapsulated for the reader her feeling of loss when she stated, “And no matter how much you heal, the person you were before the abuse began will remain irretrievably lost” (p. 43). With this statement, we are meant to understand that healing is not a process of erasing the abuse to make it as though it did not happen. Richardson explained that the survivor will inevitably understand that they have been transformed by the abuse and that they must let go of the person that they once were.

Richardson also discussed the resulting grief and loss that she experienced when she had to let go of her relationship with her mother. Her mother had never been supportive of her as a child and had repeatedly reacted with disbelief to Richardson’s disclosures of the abuse. As an adult Richardson began to construct boundaries in her relationships as part of her healing process and used those boundaries to ensure that she was only surrounding herself with people that would support her healing. Her mother repeatedly violated those boundaries, and Richardson was forced to cut her mother out of her life. Richardson might have decided to continue to allow her mother to undermine her progress in order to maintain the relationship, but she instead chose to honour herself and continue to ensure that her healing was a priority. Her decision to prioritize her own needs meant that she had to let go of the relationship, for which she stated, “I will never stop loving her, but I cannot have a relationship with her as long as she chooses to stay sick” (p. 122). Saying good-bye to her mother was incredibly painful, “I was grieving the loss of a dream, the loss of our relationship” (p. 122). For Richardson, creating boundaries was something she had done for herself, but which also required her to let go of her relationship with her mother.

Coping & Strength

The subtheme of Coping & Strength involved the concept of Richardson’s understanding of her journey from “the abused” to survivor in terms of her strength and resilience. She went from relating to herself with cruelty and doubt, to relating to herself with reverence. She began to see setbacks as part of the journey, and qualities that she once worried made her different or

bad, as coping mechanisms that allowed her to survive. For instance, she said “I would often think of myself as two different people: the conventional me, and then the abused” (p. 43). Before she embarked on her healing journey, she was troubled by her inconsistency of selves and her ability to be inauthentic, but later on, recognized that the abused had once served a purpose and allowed her to get herself out of the terrible situation at home.

Richardson’s upbringing was greatly influenced by her parent’s strict religious beliefs and her father would often use biblical verses to justify his cruelty toward his children; this left Richardson feeling ambivalent about her own religious beliefs. Richardson classified this as her spiritual abuse, and found it incredibly difficult to deal with, “I really wanted and needed spiritual healing, but the spiritual confusion I was feeling made this aspect of healing feel very complicated” (p. 110). She felt the most betrayed by the spiritual abuse because she felt as though her father had taken away her ability to be comforted by God. Even though her struggle in healing from her spiritual abuse was especially hard, she refused to see her ambivalence toward Christianity as a failure, which might have convinced her to give up her faith. Instead, she allowed her heart to be open to a more loving and compassionate God than she had known in her childhood, “I learned that God would have never ordained the suffering I endured but that he would love to be the source of my healing” (p. 112). She was rewarded for her perseverance with her spiritual healing by a sense of completion, “ultimately, it was facing what I call my ‘spiritual abuse’ and finding my peace with god that finished the process” (p. 129).

Richardson was able to recognize her unique strengths that allowed her to do the work of healing, such as when she had worked so hard in therapy and in her view, had progressed emotionally, but was still plagued by the physiological symptoms of PTSD. Grudgingly she went to her doctor and broke down when she admitted to him that she thought that she required medication to overcome her anxiety. While initially she felt like a failure, she was able to reflect on the situation and recognize the strength required to recognize her limitations, “Upon reflection, I did exactly what I needed to do by telling him that I was struggling; I had to humble myself to the realization that I had a chemical imbalance, and that I had not failed as a person” (p. 113). Richardson was able to see herself in light of her strengths, rather than see setbacks as personal failures.

Recognizing Limitations

The other side to recognizing her strengths and coping talents, was the ability to recognize her limitations and set boundaries in order to create an environment that was conducive to healing. Richardson was able to see healing as an imperfect process and she released herself from the responsibility to strive toward perfection. In doing that, she cared for herself by establishing boundaries within her relationships and reaching out for help when she needed it. She understood that she could not expect herself to transform in her healing while continuing her inauthentic relationship with her father. Part of giving up the need to be perfect meant that she freed herself from the burden of being all things to everyone, which meant that she did not have to play the role of dutiful daughter to her abusive father. She confronted her father about the abuse and ended her relationship with him, “I explained why I could no longer have a relationship with him. I didn’t want to have anger toward him anymore” (p. 71). Releasing herself from her ties with her father allowed her to let go of the anger that was bound up in that relationship. When she confronted her father, she made it clear that he was the person who violated the boundary of their father/daughter relationship, and that the consequence of that violation was the end of their contact, “I can no longer continue a relationship with you that pretends to be normal... this is not my choice, this was your choice” (p. 73).

Several times throughout her memoir, Richardson spoke of when she would remind herself that while making choices for one’s own well-being is sometimes hard, she was worth making those choices, such as when she stated, “I can stand up for myself. I don’t want to make anyone mad, but I have to think about what is going to be in my best interest” (p. 108). Also, when she said, “I want to be able to enjoy my pregnancy and I don’t want to be so stressed out that it affects my baby” (p. 102). Richardson specifically spoke of her ongoing struggle to have her mother respect boundaries in their relationship. For instance, she asked her mother to respect her decision to cut her father out of her life when she stated, “I don’t want you to talk about your husband; I don’t want you to talk about him as though he is still my dad” (p. 108). Her mother was unable to respect Richardson’s wishes, and continually tried to push Richardson to acknowledge him as her father. Finally, Richardson recognized that her mother was not going to change and that she had left her with no choice, when she told her therapist

I just can’t do this anymore. I can’t fight anymore. I am a different person and I just literally don’t have any fight left in me. She can’t just act like she’s my mom when she

wants to and then ignore me when I need her (p. 120)...[The abuse] is so much a part of who I am and who I have become and we can't have a relationship that pretends that it never happened. That is exactly what I am trying to get away from. I just can't live like that anymore. (p. 102)

Richardson recognized that her mother was impeding her progress and made a decision that was incredibly difficult, but was the best thing for her health and wellbeing.

Several times throughout Richardson's healing journey, she was met with barriers that threatened to derail her progress. During those times, Richardson was able to recognize her own limitations and reach out for help from others, such as when she contemplated suicide and reached out to her husband for help. When she was plagued with the physiological symptoms of anxiety, she initially felt sorrow over her inability to work through them on her own, "I felt, in that moment, that somehow I had failed. I had failed to change the physical symptoms of my PTSD, and I needed help" (p.112). After she had reached out to her doctor for help, she realized that she could not be expected to overcome her body's response to stress and admitted, "The medication definitely helped my anxiety. I was proud of myself; I had finally learned the boundaries of my own capabilities" (p.113).

Transformation of Self

Richardson captured the sentiment of her transformation when she said, "I no longer felt like the victim; I was a survivor" (p.44). She reiterated throughout her story that her healing journey was not about erasing the past, but by acknowledging that the abuse had changed who she was, and that her healing would change her as well. She did not fight to escape suffering, but allowed herself to feel it and be transformed by it and said that she "knew that somewhere, somehow, there had to be a purpose to the suffering [she] was enduring" (p. 88). Throughout the process, she noticed times when her work was changing how she thought, felt, and behaved, "At this point in therapy I no longer felt the need to say one thing while thinking another. I had learned to accept 'the abused' as part of myself, and I felt no need to keep that part of me separate" (p. 100). She also acknowledged that trying to forget about the abuse would mean denying a part of herself, "When something happens in your life that changes who you are as a person, the experience becomes a part of you. And to 'just get over it' would mean forgetting about a significant part of who you have become, which would be impossible" (p.65).

Richardson's journey of self-transformation was marked by a transformation in the way that she valued herself. Her father had severely damaged her sense of self-worth by continually berating her and humiliating her as a child. In healing, she found a new way to know herself and her value as a human being. She valued herself for what she had done, "I had gained so much insight about all the abuse I had suffered and I had developed self-esteem and self-worth" (p. 71). She found further evidence of her worth on becoming a mother, "She not only changed my life – as all first babies do – she changed my perspective and my self-value. She brought me one step closer to becoming who I really was... If God could entrust me to take care of this wonderful human being, then I too, must have worth" (p.109). And in the healing of her spiritual self, "I began to feel like the person I always knew I should have been. I had spent my whole life seeing the world through my father's eyes. And now – now I was seeing the world through the father's eyes" (p. 112). Richardson's religious beliefs helped her to understand her value that was inherent in her humanity.

4.2.2 Refusing to carry the secret "*Out of the bubble*"

The second theme that emerged from *Saved from Silence* concerned the concept of bringing out into the public, what was once a privately held secret. Richardson lived for a very long time in what she described as "the bubble". The bubble represented the space in which she could separate herself from the reality of her father's abuse, and which allowed her to carry on presenting herself in such a way that she was able to preserve the family's secret. Once Richardson began to speak out about the abuse, she was driven to break the bubble and present her authentic self to those around her. Speaking out also allowed Richardson to communicate her story to other survivors as a way to promote healing in others, which she explicitly states, is partly the reason for writing her memoir. By bringing her private pain into the public, Richardson was able to unburden herself, place blame with her father, and free herself of the anger and shame that was exerting control over her life.

Communicating with Survivors

Richardson stated in the introduction that she hoped to reach other survivors with her message of healing:

My hope, however; is that my journey will be inspirational to others. I tell my story without shame, without the invitation for pity, and as candidly as I can, for the main purpose of aiding others but also to give voice to the devastation of child abuse (p. xvi).

Here, Richardson was communicating to other survivors of CSA a message of hope by saying that she was able to tell her story without shame, and that her healing might be inspirational for others. She went on to further say, “My intent is not to use my journey as a model for all survivors but to help them understand that they are not alone and that there is a way out of the secret” (p. 129). Richardson wrote her memoir to bring a private secret into the public sphere and contribute to the narrative of sexual abuse in society, as well as the narrative of healing from CSA. Furthermore, she was able to use her story to connect with other survivors and end her isolation as well as theirs. Part of the concept of reaching out to other survivors in order to aid in their healing involved the idea of making meaning out of her suffering, which Richardson articulated when she said, “I want to embrace the suffering and pain I had endured so that I could find a way to help others” (p. 129). Richardson’s memoir contributed the idea that using one’s suffering to aid to the healing of others is therapeutic and may aid in one’s own healing.

Breaking the Silence

Speaking out was especially relevant for Richardson’s situation because she grew up in a small town where her family was well known; speaking out had real consequences for her family and for her place within it. Richardson’s initial attempt at speaking out was by checking off the box beside “depression” at her doctor’s office, thereby alerting her doctor of her current pain, and which initiated her work toward healing, “I had no idea how this meeting would change my life (p. 11)... God would give me the courage to unburden myself, the one that would set in motion the chain of events that would ultimately free me from my bubble” (p. 28). Her meeting with her doctor would lead to her meeting with a counsellor, to which she gradually began to share her secrets that had been plaguing her for years. She recognized that it was the secretive nature of the abuse that was the most damaging, and that suffering in silence was no longer sustainable, “keeping my secrets locked up was starting to affect every aspect of my life” (p. 27). By using words like “unburden” when conveying her message of speaking out, Richardson communicated the message that the act of speaking out was a freeing experience and represented the transition from suffering to healing. Ultimately, speaking out about her abuse allowed Richardson to unburden herself of the shame of her abuse and begin to see things in a different way, in other words, she began to see what life was like outside of the bubble.

Overcoming Denial

Once Richardson broke free of the silence surrounding her abuse, she was faced with the dual tasks of overcoming the entrenched denial of the abuse by her family and of handing back the responsibility for the abuse to her father. Richardson began to recognize that she had choices when dealing with her family, such as when she stated, “I could choose not to live in the bubble” (p. 44). She decided that part of her healing required her to express herself to her father and try to have him understand the pain he had inflicted, “I began to feel an intense urge to confront my father ...I knew the confrontation was necessary” (p. 67). Confronting her father was, for Richardson, her way of taking back some of the power that he had taken from her as a child, and also allowed her to feel validated when he admitted to her that he had abused her, “I left that day feeling a lot of relief just from having confronted him and hearing him validate what happened” (p. 67). Richardson conveyed the message that by keeping the secret for her family meant that she was contributing to their dysfunction, and that she refused to take part in it anymore, “I wasn’t going to play the game anymore” (p. 71). For Richardson, suffering in silence meant that she shouldered all of the suffering for her abuse, and that confronting her father and her family meant that she could give the responsibility over to the man who had perpetrated the abuse. For Richardson, her healing saved her from her silence, as reflected by the title of her memoir.

Forgiveness

Richardson’s messages about forgiveness and its role in her healing were related to the theme of speaking out to end denial and secrecy, because she embraced forgiveness as a way to take back control over her life. For many years, Richardson had harboured anger and hatred toward her father and she saw forgiveness as a way to let go of the anger that was hurting her more than it was hurting him. She expressed that forgiveness was a way to heal her own spirit:

spiritually, I knew I needed to forgive him... the process involved handing back to him what he had done to me and thereby giving up all my feeling of hate toward him. So I forgave him. Not because I had to, or because that was the right thing to do. No, I forgave him because I wanted to, for me (p. 71)

Forgiveness was her way of situating the abuse and the negative emotions about it, outside of herself. When she said that forgiveness was a process “handing back” the abuse to him, she conveyed the message that forgiveness was about reconstructing the narrative of the past in such a way that she could acknowledge that he had made the choice to victimize her and the abuse

was in no way her fault. Once that fact was consciously acknowledged, she could release the hatred she had been holding for him.

Richardson further defines forgiveness by making known what she was not doing when she forgave her father, “Forgiving him without then pretending that the abuse had never occurred was okay” (p. 71). She was not attempting to absolve him of his responsibility or erase the past through her act of forgiveness. Furthermore, she stated, “forgiveness doesn’t mean that a person’s behavior is either acceptable or forgettable; forgiving my father meant that I would no longer let what he did to me control my life and my thoughts” (p.71-72). Richardson acknowledged that her father’s actions, and therefore her father, had been exerting control over her life and her thoughts. In particular, with this statement, Richardson communicated the idea that forgiveness meant that she had made the decision to divert her cognitive energy toward her healing by acknowledging the pain that her father had caused, and then letting go of that pain and hatred.

4.2.3 The Power of Connection “*I needed them all*”

The final theme that I discuss from *Saved from Silence* involved the concept of the role of relationships in Richardson’s healing. Richardson required support in a variety of ways from different people in her life. By disclosing her abuse to others, she found out that some people were not equipped to deal with the awful reality, but others faced the truth and responded with great compassion. Richardson learned lessons from those around her that helped her to know herself in a more compassionate way. She also developed her courage and strength through the advocacy and support of others. I’ve constructed this theme into two subthemes; one involves the messages that Richardson conveyed about the types of instrumental and emotional support she received from family, friends, and professionals, and the other conveys how her relationships helped her to restructure her knowledge about herself and her ways of coping.

Supportive Network

When Richardson utilized her strength to reach out to others and speak about her abuse, she found a relief from her isolation, “I needed to talk to Aunt Mindy about my childhood because I needed someone else to know all my secrets” (p. 82). She realized that having someone else know the details of her abuse meant that she could find relief in knowing that she did not have to carry that knowledge by herself. Furthermore, the support of her Aunt meant that Richardson had someone to help her do the work of overcoming the denial that pervaded the rest

of her family, “Aunt Mindy never looked back. She never once questioned her own abilities or what she should or shouldn’t do. She saturated herself with knowledge and immediately took on the challenging task of advocating for me. She became my hero” (p. 78). Richardson was able to lean on others when she felt beaten down from the stress of ending the silence about her abuse, and the love and acceptance that she received from others helped her to overcome the shame associated with her abuse, “I have gained a loving and supportive circle of people around me that have filled me with an unconditional love that I never felt before” (p. 128). Through her supportive circle, Richardson learned how to trust others and established a safety net that was there through her struggle back from her abuse. Richardson paid her respects throughout her story to those that had aided her healing, “I had the support of my husband and his parents (p.71) ... Diana was my intellectual compass. Aunt Mindy and Melinda became my emotional compass. I needed them all” (p. 82). It was clear that for Richardson, support from others was integral to the process of healing.

The Compassion of Others

When Richardson embarked on her healing journey, she struggled with internal messages that undermined her determination to overcome her past, such as, “*this is all a big mistake. I shouldn’t be here. I should just leave*” (p. 13) at her first counselling appointment, or “*it could’ve been worse. There’s nothing she could do to help me anyway*” (p. 27) when she was trying to first tell her counsellor about the abuse. She thought that her memory lapses and ability to disengage as a child as “weird” or “crazy”. Furthermore, she initially judged her inability to “get over it” and that she had it too good to be depressed. Richardson experienced shame not only for what had happened to her as a child, but over her ability to cope with it as an adult.

She needed help from others in order to overcome that shame and to come to know herself with understanding, compassion, and pride. She received that help from her counsellor and from her doctor. Throughout Richardson’s descriptions of her therapy sessions, she told of how her counsellor Diana expressed compassion when Richardson would tell her about how she had been coping, “the way you are responding is very normal in an abnormal situation” (p. 30), “do you realize that minimization is a normal coping mechanism” (p. 44), “that numbing helped you to survive” (p. 43), and, “you found such positive ways to cope, can’t you see how resilient you are?” (p. 44). Together, Richardson and her counsellor co-constructed a new narrative about her response to her abuse; one in which she was resilient, rather than deficient or broken, “My

therapy with Diana helped me to understand the choices I had made as a child, the choices that helped me to survive” (p. 44). When Richardson could not overcome her symptoms of anxiety without the help of medication, she initially perceived herself as a failure, but; with the help of her doctor, she was able to understand that imperfection did not make her a failure when he told her, “Amanda, you have to understand that this isn’t a failure on your part... what’s happening here is not your fault” (p. 46). For Richardson, the messages from her counsellor and doctor provided the scaffolding she required to see herself in a more compassionate way.

4.3 *The Obsidian Mirror: An Adult Healing from Incest* by Louise M. Wisechild

The Obsidian Mirror is Louise M. Wisechild’s personal story of healing from the sexual abuse at the hands of her stepfather, grandfather, and uncle. Wisechild is a Caucasian, lesbian woman, and her story is told from a distinctly feminist perspective. *The Obsidian Mirror* reflects what feminist scholars embrace as the type of life narrative that eschews conventional autobiographical storytelling and that accomplishes the “complex intellectual work” (Taylor, 2009 p. 126) that not only presents testimonial of sexual abuse but expresses feeling, process, and communicates attributions and solutions. While reading Wisechild’s memoir, the reader is captivated by her evocative imagery and fully immersed into her inner world. Inner voices were utilized effectively so that we were privy to the author’s inner experience and struggle without her having to step out of the story to express to us what was happening for her internally. For example, the reader is informed about what Wisechild’s inner critic or her inner rebel felt about a situation because they are characterized and can chime in at any time. This characterization allows the reader to be along for the ride throughout all of Wisechild’s struggles and triumphs in a way that is unlike a conventionally written memoir. Furthermore, Wisechild utilized the settings of The Well, The Pit, The Dust, and The Tree as metaphors to illustrate to the reader her evolving awareness and experience through her journey.

Wisechild’s story was presented in a roughly chronological order from her young adulthood as a graduate student through her emergent memories of abuse and her healing process after this realization. Thinking that she had finally arrived at a time and place that she would find a sense of belonging, Wisechild was saddened to find that she still struggled with crippling self-doubt and shyness. The inner critic, Sarah, then emerged. Sarah was born from the messages she received as a child about her inherent badness. Sarah not only reminds Wisechild about her bad habits and what she should be doing in order to be “good”, is the voice of fear and

doubt any time Wischild attempts to grow or do something out of her comfort zone. We also find out that Wischild has an inner rebel called Fuckit. Fuckit expressed Wischild's anger and wildness. When Wischild encountered pain and frustration, Fuckit allowed Wischild some release and coped by drinking alcohol, smoking, or staying in bed all day.

When Wischild could no longer stand the pressure of graduate school, she dropped out and began working the night shift at a pizza parlour that was frequented by individuals on the margins of society. During this time of transition, Wischild was plagued by health issues and a deepening depression; she found herself at a crossroads where she had the choice to take a path toward her own destruction or salvation. A new voice emerged with the message that it was time to look back; something inside of her was aware of a past that was locked away, which when accessed, would begin her path toward healing. Fractured memories began to come to her in terrifying flashbacks. She began seeing a counsellor who encouraged her through her realizations that her stepfather, grandfather, and uncle had sexually abused her throughout her childhood. The memories came crashing down on Wischild's life, which created a multitude of problems for her ability to function. The violation perpetrated against Wischild was so stunning that she sometimes wondered if her memories were to be trusted. In order to help with the pain that is caused by these terrible realizations, a new part of Wischild emerged: Carrie, the caretaker and spiritual guide. In addition, Wischild's vulnerable child selves were represented by various YoungerOnes; each representing her at the age she was when a memory of abuse emerged.

Wischild presented visual imagery that symbolized her healing journey. First, Wischild presented the visual representation of a giant well that housed all of the different parts of her. The walls were made of stones that held within them the secrets and memories of her abuse. There seemed to be no escape from the well, until an entrance to a cavernous pit was revealed. It was clear that the only way out of the well was through the pit; an image representative of her understanding that she must do the difficult work of remembering, testifying, and dealing with the pain of her abuse. Throughout her entire story, Wischild made connections for the reader between her experience and the sociopolitical environment that allowed for the abuse of women. Wischild asserted that the ways that her family devalued women were a symptom of the wider cultural denigration of women.

Wisecchild found her voice through her work practicing massage on women who had experienced sexual abuse and through her artistic pursuits in poetry and music. She realized that carrying her secret was not only doing herself damage, but was also contributing to the silent epidemic of child abuse in society as a whole; she knew that her own healing would contribute to the healing of others. She decided that she must unburden herself of her family's secrets and that she must confront her stepfather; her only surviving abuser. As a repercussion, her stepfather denied the abuse and her family rejected her. Her mother would not hear her story and cut off all contact with her through a short letter. And while the pain of her family's rejection was almost unbearable, she noticed that the walls of the well began to tumble and disintegrate, her family of selves was required to flee from the well, through the pit, or risk being buried. The secret was out and there is no going back to a place of denial.

The setting of a thick dust settled over Wisecchild's voices; it was her grief. She grieved the loss of the Well and her former life in which she was not a victim of abuse. She also grieved the loss of her family and the loss of the person she could have been, had she not been abused. During that time, Wisecchild studied her different selves and begins to recognize that they were born out of necessity, or forced upon her, and had served functions in her life. In particular, she realized that she needed to soften the voice of Sarah, her inner critic. At that point, we Wisecchild presented the visualization of The Tree of Everything that Happens, which represented her growth, her transformation, her future, and her understanding that all experiences had contributed to who she is. Wisecchild finished her story with the message that she faces the future with courage, even though it is filled with uncertainty. She communicated to the reader that her journey was toward healing and not toward perfection. Her final image was of a large piece of black obsidian rock that, when polished, provided a reflective surface. She purchased the obsidian to provide inspiration for her music and poetry, but when she displayed it, it fell and broke into four pieces. After putting it back together, it came to represent her, "scarred from the fall and joined together in a new whole" (p. 278).

4.3.1 Turning to Self: "*Knowing yourself with love*"

Wisecchild began her story by expressing to the reader in the Preface that healing is "hard and takes a long time". She made it known that healing was a process of discovery. The first theme that I discuss regards the passages in her memoir that reflected the idea of healing as a process that resulted in Wisecchild reclaiming self, and a transformation in the way that she

regarded herself. The choices that Wisecchild made when writing her memoir resulted in an experience in which the reader is left with the feeling of travelling along with her during her struggle to heal. The result of that journey was reflected in Wisecchild's statements about her discovery of herself in adulthood. Finally, I have discussed the messages about nurturing and care that Wisecchild was able to show herself that allowed for her to move from a place of desperation to a place of wonderment.

A Process of Growth

Wisecchild's memoir was unique in that it explored existential questions about the nature of self within the structures of culture and society, and how one's existence is affected by abuse and by healing. Wisecchild displayed this process of discovery throughout her memoir by using words that conveyed her understanding that healing was a journey and that her experience of selfhood was transformed, as evidenced by the evolution of the voices that constituted her self. Wisecchild stated, "Healing is the journey of bringing life back to the self", which conveyed the idea that her previous experience of existence was of being dulled or dead to the world, her healing had awoken her self, like spring setting in motion the growth of a dormant seed, "I have come to trust my journey. It lives within me just as each plant is propelled by an inward force to grow and be itself." She went on to further describe the journey and its effect on her sense of self, when she said, "This journey rewards us with a sense of self, a right to our body, the power of having a history and the fearlessness in our voice" (Preface). Her words conveyed the message that healing was a transformative process that bestowed power and entitlement to her existence as the gifts of the healing journey.

Wisecchild also portrays the healing journey as one of growth and learning. For Wisecchild, healing was an education from which she gained knowledge about the world and herself. Healing as an educational process was conveyed in statements such as, "Through the incest, I learned that vision can create a new landscape" (p. 270) and, "when I quit graduate school, I didn't know that Sure Voice had already arranged for my continuing education" (p. 13). She suggested that healing began for her when she began to remember her past and that memory allowed her to better understand herself, "For me, knowing about the incest of my childhood was profoundly important for my healing. It made sense of my pain, my fear, my beliefs about my self and my relationship with my parents. It was a truth I found in my cells and my blood" (Preface). Wisecchild also conveyed the journey as one that not only occurred due to her work in

therapy, but that it touched her entire life and transformed her fully, “Healing is not an event confined to the therapeutic process. My search through memory, the confrontation of my family, and my subsequent growth could not be separated from my life as a whole” (Preface). For Wischild, healing occurred when she allowed herself to learn from her memories and embraced her transformation, “Knowing my story and committing myself to healing has changed my life. My scars are the tattoos of a powerful woman. I began with terror and found boldness. I started with self-hating and discovered inner knowing” (Preface). Her statements indicate that her transformation happened in how she knew, and related to, herself.

Reclaiming Self

As mentioned previously, Wischild’s memoir addressed questions about how one’s existence is experienced and how that experience is affected by abuse and by healing. As discussed above, Wischild embarked on an educational journey that revealed to her new ways of knowing herself, and an understanding of the social constructs that had contributed to her own self-hatred. As a result of her healing journey, Wischild was able to lay claim to her body and establish a sense of worth, “I began to reclaim my body, safety and creativity” (Preface). Firstly, she relies on her inner spiritual self, named Sure Voice to remind her of worth, “You do not need to prove yourself. You were born good.” Throughout her whole life, her family reinforced prevailing societal values by communicating to Wischild that women are bad and that they tempted men to do bad things. When Wischild decided to reject that message, she was able to embrace herself with pride:

It can’t be bad to be born as I was, I enjoy women, they’re my chosen partners, I can’t hate my own birthright. That can’t be bad ... The old reason for being bad leaves my body as I exhale. A hidden dishonesty that can be rejected once I defined it. The shame of being female was poured inside of me, not born in. It was injected through incest, through my family’s belief that boys were more important, and through the messages of this culture p. 133

Wischild was able to embrace the different parts of her self and find a new sense of wholeness as a result of her transformation, which when voiced, gave the impression that she was able to view herself as greater than the sum of her parts:

Incest split my mind from my body. The different parts of my self took on attributes of the abuse: victim, abuser, fighter, and healer. As I heal, the divisions in my self mend. The diverse aspects of my personality join together in deepening cooperation, creating a new whole instead of a collection of competing parts. I grow in my ability to affirm the qualities of each voice, drawing them into a unified sense of my self. Trusting an ongoing inner wisdom p. 276

Wisecchild's words conveyed the message that her survival over her abuse and what grew out of it was to be revered rather than reviled, "The incest was a tragedy. But in searching for healing, I found myself in a way I'm not sure I would have discovered without this challenge" (p. 270).

Nurturing

In order to do the transformative work of healing, Wisecchild needed to learn how to show herself the care, concern, and nurturing that was required so that she did not completely fall apart when remembering the abuse. Her inner Sure Voice explained to her the nature of healing, when she said, "In healing, your body reopens wounds from the past...it is as if you kept an infection covered, hoping it would mend without your attention. Now it needs light to heal" (p. 88). With this passage, it is understood that healing would be painful, but that the pain of remembering was required in order to heal. Wisecchild went on to explain that she learned that she would need to soften her inner critic and develop her inner caretaker in order to soothe her pain, "Healing is a process of knowing yourself with love. The voices will grow out of destructive habits because they will naturally choose other ways (p. 250)...At times you will clear debris, but the tree does not need saving. She grows as you take care of her. You will see" (p. 249).

Wisecchild's inner caretaker, Carrie, was born out of her nurturing for others, when she practices massage and learned that her hands could heal. Carrie was the part of herself that was developed out of necessity to help her once she began to remember her past, "Often, Carrie's touch nurtures the parts of me that are tired or wounded" (p. 269). Caring and nurturing herself was necessary to reach a level of safety that made her journey possible. Only once she was moved from a place where killing herself was an option, was she able to do the work necessary for reclaiming herself.

4.3.2 Acknowledging the Truth: *"Memory is the key to growth"*

In writing her memoir, Wisecchild made the choice to position her sexual abuse, and the sexual abuse of all children, as a political issue. The preface to the 1993 edition opened with her

stated concern over “false memory syndrome” being reported in the media, and her words suggested that she intended for her memoir to contribute to the discussion in a highly political way, “Incest is one part of the widespread sexual violence of our times. Politically, this challenges the institutionalization of crimes against children and women. Incest is one legacy of the patriarchal system which regarded children as the possession of their fathers” (Preface). Wischuld accomplished this by writing about the various ways that she challenged cultural assumptions about gender and power within her own family and within the greater social landscape.

Remembering

The first challenge that Wischuld had to overcome was the societal and familial pressure that she felt with regard to her memory and the act of remembering her childhood. As a child, Wischuld was advised against looking to the past, punctuated by the Bible tale of Lot’s wife being turned to a pillar of salt for looking back at Sodom. She suggested that this message contributed to her loss of memory about the abuse, “Like many people, I had been taught to ‘put the past behind me’. It’s not surprising that ‘forgetting’ about painful events is a common form of self-protection” (Preface). For Wischuld, the act of remembering was both a therapeutic act, and a political act. She remembered to start her healing journey, to end the denial in her own family, and to contribute to ending societal denial of the prevalence of CSA, “Denial is the opposite of memory. Memory is the key to growth” (Preface), “I’ve come too far to continue the deceptions. This is part of my journey out of the past” (p. 208).

Validation through Cultural Knowledge

Wischuld also positioned her emotional response to her memory of the abuse and the response of others within a socio-cultural framework. She saw her anger as a form of rebellion against her family and of expectations that women never show their anger, which her inner critic voiced, “you shouldn’t be angry... it’s bad” (p. 122). She eventually was able to overcome the messages that told her that she should not be angry, and was able to use her anger to confront her stepfather, where she told him, “I intend to heal from you, because I am a valuable person and I do deserve respect” (p. 212). She was careful to remind herself and the reader that giving voice to anger and placing blame with the perpetrator would be for her; in order to move the shame from herself, to her abuser, “Sure voice says, ‘you cannot make them change, no matter what you do. When you speak, it must be for yourself...all of the shame that has been planted inside of

you is ready to be weeded. It dangles from the rocks of the Well, waiting to drop. Waiting to be returned to the sources of it” (p. 190). Wischild did not receive validation from her family members; she received it through experiencing the strength of her emotions and her resolve and her knowledge that she could use her strength to set herself free of her abuser.

Wischild was able to lessen the shame that she had been experiencing by learning about the socio-cultural factors that contributed to her abuse. She learned that as a child, she was vulnerable and that there was not something wrong with her that attracted the abuse, “In my family, a child who said ‘no’ was willful and had to be broken. ‘Don’t talk back’ the adults said. ‘Do what the grownups tell you to do’... School and church taught me that parents were good, that children had to be disciplined. ‘No’ was a bad word” (p. 131). Rather than see herself as broken or disordered, she was able to understand her reactions to abuse as a natural response to existing in a culture that sanctions violence against women and children, “I understood, for the first time, why I reacted to life with anxiety and distrust. I learned that my suicidal impulses and chronic depressions were symptoms based on actual events” (Preface). Wischild recognized that the devaluation of women directly contributed to the damage to her reaction of self-hatred in the wake of her abuse, “I couldn’t write about incest apart from what I was told as a girl-child growing up in the 50’s and 60’s...these messages reinforced the self-hating images I saw in my internal mirror” (Preface). Instead of viewing her abusers as evil monsters who did what they did from solely internal motivation, Wischild recognized that violence against women and children was not crazy, but to be expected, “In order to call incest crazy, I would have to believe that the world is only a wonderful, just, loving place where people know how to respect each other. I know that isn’t true” (p. 178).

Experiencing & Expression

Part of Wischild’s education about the socio-cultural factors involved in her abuse, was her realization that she had the right to experience and express a full range of emotions, “As a child, I learned that strength was the denial of feeling. Now I see that feeling is the key to self-honest” (p. 271). The overarching theme of Acknowledging the Truth, involved remembering the abuse, giving voice to her experience, and then feeling the wide range of emotions involved in healing without fear that they would overcome her, “I breath into the sensation, feeling it as deeply as possible. In the past, my fears spiraled into a consuming panic until I learned to meet

the fear and listen ... I am able to take great risks and explore deeper feelings. But I have not left fear behind” (p. 268-269).

Instead of denying herself a full range of emotions, Wischild learned to manage her emotional experience. One effective way that Wischild learned to manage her emotions was by expressing herself creatively, “Creativity has been a partner to my healing; transforming pain to power.” She not only wrote about her emotional experience by journaling her healing process, but she also expressed herself through song writing and singing. Through song writing and singing, Wischild overcame her fear of judgement by others and channeled her emotions into art, “The unspeakable emotions of Don’s rapes find sound... The music pushes Don away. It says ‘I have survived in spite of you’ ... Victorious words and heart rhythm take hold of the room, charging it with hope” (p. 150). Wischild was able to take her pain and anger and turn it into art, which resulted in hope and joy.

4.3.3 Healing with Others: “*I also exist in relationship*”

Wischild stressed throughout her memoir that her healing existed as part of a collective healing of women from a history of abuse, and that she required the support of others along the way. She noted that the parts of her that led her to a place of healing; Carrie and Sure Voice, were there because of the knowledge and care of others. She suggested that she felt spiritually connected to other women and other survivors of CSA. Her use of the imagery of The Tree encapsulated her understanding that she was connected to others through the past and the present. She communicated the importance of healing as an individual in order to contribute to the collective healing of society.

Learning to Lean on Others

Wischild expressed the importance of the various women in her life that became her substitute family, when her own family chose to abandon her when she spoke out about her abuse. Making connections was incredibly hard for Wischild, as she dealt with crippling shyness and self-doubt about her worth as a person. She was always worried that people would find out that she was “bad” and reject her. When she came out as a lesbian, she found a supportive network of women through her partner, and began to learn that she was far from the only one who had experienced abuse as a child, “Being seen with my feelings hanging out makes me feel shy. But my friends stay with me. My bonds with them are stronger than those with my family. My friends and I chose each other. We aren’t forced to be together” (p. 220). Several

times throughout her memoir, Wischchild expressed how she leaned on her friends for support, such as when she said, “My memory begins to show me almost forgotten faces who were all a part of my healing. I see women who cared for me at exactly the right moments” (p. 270).

Wischchild also expressed gratitude for the therapists that she worked with, whom she termed “healers”. She communicated to other survivors the importance of choosing a therapist when she said, “In choosing a therapist, it is crucial to distinguish between those who heal and those who invalidate the experience of their clients... I was extremely fortunate to find feminist therapists who supported my growth and challenged me to move beyond victimization” (Preface). She found her supportive therapists in Jean and Kate, who as Sure Voice points out, “supported [her] process rather than imposing themselves upon [her]. They encouraged [her] to trust [herself]. That is the task of the healer” (p. 271). Wischchild’s therapists supported her in learning about the ways that she was powerless as a child to stop the abuse, and the ways that she could take back the power as an adult. They guided her with the compassion that she could not show herself, until she was able to.

Collective Healing

Wischchild viewed her healing as being a collective process. She expressed the importance in knowing that she was not alone as being a survivor of CSA and how that shaped her feelings about herself:

I think about the women I’ve worked with and the courage I’ve witnessed in them.

Increasing numbers of women are talking about their experience with incest and about their unique healing journeys. The amount of sexual abuse is horrifying... but Younger Ones know now that I’m not alone, that I did not make the incest happen p. 272

She spoke about witnessing the power of survivors finding each other and ending their isolation, “As I hear other women share their experiences of incest, I hear their horror and pain, but I am amazed by our remarkable strength and creativity in surviving and healing” (p. 272). In her work with women who were survivors of CSA, she found that even though survivors had different experiences, they found solace in knowing they were not the only one, “The variety of their experience was both similar and dissimilar to mine. I found that each of us felt that we were the only ones this untold horror had been inflicted upon”(p 165). The knowledge that she was not the only one meant that her abuse was part of a larger societal problem, and was not reflective of her as a person.

For Wisechild, her healing was necessary not only for herself, but contributed to healing on a larger scale, as expressed in the following passage, “‘as you heal, you help heal all else,’ Sure Voice says inside of me. ‘You are part of everything. Healing begins in parts. It stretches beyond your self when you speak of what you have seen’” (p. 269). Wisechild’s words suggested a spiritual connection that she experienced by understanding her place in the community of survivors and in humanity. Her imagery of The Tree reinforces the idea of a connection to others, “The Tree holds the cycles of who I am and reaches beyond to my connection with others, reminding me that I also exist in relationship. In the distance I see other people climbing the thousand long-muscled limbs of this Tree” (p. 249). Just as she saw her abuse through a political lens, she saw her healing in terms of its politics, “For us to eliminate incest requires each individual to examine his or her own behaviors and attitudes toward sexuality and children” (Preface). She spoke of how her voice, and the voices of others have contributed to the changing narrative of CSA in the public, “Around me, as women speak about the violence in their families, they are creating a new awareness that is changing how we create families now... as we confront the denial of our personal pain, we also face the denial of our collective planetary wounds” (p. 272). Wisechild’s memoir contributed the knowledge that a sense of connection with others is important not only for one’s own healing, but for the healing of all.

Chapter 5: DISCUSSION

The purpose of my study was to better understand the experience of healing after childhood sexual abuse (CSA) through analysis of existing survivor narratives. The existing survivor narratives that I chose to study were three memoirs: *Boys and Men Healing from Child Sexual Abuse*, *Saved from Silence: A Memoir*, and *The Obsidian Mirror*. My methodological approach to the study of these memoirs was heavily influenced by narrative inquiry, however; I acknowledged the lack of co-construction as a caveat to a true narrative approach. The aim of my study was an interpretive understanding, through the lens of critical feminism, of the concept of healing as it was conveyed in the memoirs of survivors, and therefore also incorporated hermeneutics. When undertaking the narrative analysis of the three memoirs, I specifically wanted to understand what survivors of CSA were communicating about healing as it has been stated that narratives are designed for an audience in order to affect the reader, so that the author

can elicit a response (Bamberg, 2007). Furthermore, narrative research seeks to gain an understanding of narratives as both personal and communal (Bruner, 1990), and as collective stories that are shaped by the cultural, historical, and institutional setting in which they happen (Moen, 2006). The themes that were developed were reflective of the capacity for narrative research to both shape and reveal identity, to challenge dominant cultural narratives, and to affect the audience (Thompson, 2012). In my analysis of the memoirs, I found that the authors had been motivated to tell their story as part of their own healing process, but also in order to aid in the healing of others. In telling their stories they shape their own identity as survivors, as well as challenge the prevailing cultural narratives about CSA and healing. They have contributed to the societal narrative that pertains to CSA as well as the narrative of healing from CSA.

In the following sections, I discuss the themes from each memoir as they relate to the overall understanding of the meaning gained from the stories of survivor narratives about healing. As mentioned above, my research is informed by the paradigmatic assumptions that I hold which, as a social constructivist, means that I understand that my background, history, and knowledge shape the interpretation of the data (Creswell, 2009). For this reason, I include a discussion of how the concept of self-compassion is involved in the themes that emerged from the memoirs. Furthermore, I discuss the results of my study in terms of socio-cultural influences, because as a narrative researcher, I acknowledge that the memoirs were produced as storied constructions (Bamberg, 2012) and that an essential task of the narrative researcher is to identify links between the individual and the social system (Riessman, 1993). Finally, I discuss the limitations to my research study, considerations for further research and practice, and conclusions.

5.1 Cross-Memoir Analysis

There were many similarities in the messages that were conveyed by the three memoirs that were included in this study. All of the authors were from varied backgrounds and circumstances, but echoed many of the same sentiments when discussing the process of healing from CSA. In the following sections, I perform a cross-memoir analysis in order to discuss the results of the current study in terms of the assumptions of narrative research. Those assumptions include the notion that the stories we tell are about identity construction, and that autobiographical narratives reveal how individuals negotiate identity in relation to others and within socio-cultural structures. As a narrative researcher I want to look past the surface of the

story and look deeper at the meaning conveyed in the authors' words. I also want to understand the purpose and the function of the narrative, by asking 'who is this narrative communicating to?' and 'what is this narrative doing?' The purpose of this cross-memoir analysis is not to construct a theoretical model of healing, but to understand how the messages from each memoir are similar and different, and to distill the messages from all of the memoirs, similar to the way that a survivor might consolidate the information from the memoirs that she would read on the topic to inform her own healing process.

5.1.1 The Process of Transformation

All of the survivors that contributed their stories to the data that I studied for this study described the concept of healing in terms of a process. Furthermore, the healing process involved identity transformation, wherein the authors constructed an identity of survivor instead of victim. Many of the authors used the word journey to describe their process of healing. The journey that the survivors spoke of often represented them looking back over how they had transformed. Research on the topic of healing from CSA suggests that the damage to the survivor's sense of self must be addressed (Herman, 1997; Briere & Elliot, 1994). Ovenden (2012) suggests that the recovery movement of the 1980's and 1990's has shifted the discussion from one of CSA as a cultural problem, to that of the individual who is responsible for their own healing transformation. She goes on to further suggest that the recovery movement has saddled survivors of CSA with a "wounded identity" (p. 951). The memoirs in this study suggested that survivors of CSA can adopt a positive identity that includes greater strength and resilience; an identity that grew out of adversity, and would have not been possible without the abuse.

The authors in the memoirs that I studied included mention of knowing their true selves, and knowing themselves in better and more positive ways, such as when Wisechild stated, "As an adult, coming to a new wholeness within myself has been both a healing and a creative journey" (Preface) or when Richardson said, "I will never 'get over' what happened to me, because that is so much a part of what made me the person I am today" (p. 128). The survivor stories also communicated that their transformation came from caring for themselves and revering themselves in spite of the socio-political and socio-cultural landscape. For instance, the men in *Boys and Men Healing from Child Sexual Abuse* stated that part of their healing came from constructing new ways to be masculine and from being able to relate to themselves in a caring way, while still being able to lay claim to their masculinity, "Being a man means that you

can have multiple emotions and feelings.” For the survivors in my study, the message that they conveyed was not one where the onus for healing was solely on them. Part of the process was learning to love themselves and see themselves as survivors who were able to overcome the atrocities that were perpetrated against them; atrocities that were allowed to happen because of societal, political, and cultural systems that did not provide acknowledgement or protection.

5.1.2 From the Private to the Public

The concept of disclosure is widely understood as being a crucial factor in the process of healing from CSA (Bass & Davis, 1992; Draucker, et al., 2011; Herman, 1997). In *The Courage to Heal*, Bass and Davis state that disclosure and truth telling are important experiences meant to empower the survivor (1992). The survivors in the memoirs that I studied also mentioned that speaking out was important for their healing. Tony, one of the participants in *Boys and Men Healing from Child Sexual Abuse* stated that asking for help was the “most profound act of kindness” that he could show himself, and Mark stated that breaking his silence was the biggest step in his healing. Richardson also stated that speaking out was important for her healing, and noted that she felt unburdened when she was able to free herself from the silence (p. 28).

The message that the survivors conveyed is that speaking out, whether it was telling their family, confronting their abuser, telling a friend, or going to a therapist for help, was essential because their abuse, and the pain that they experienced because of it, was able to be acknowledged and dealt with when it was no longer a secret that they held. Some research has shown that making meaning of the abuse is a crucial component in resilience after CSA, because the survivor is able to bring the past into the present in a way that allows the survivor to make sense of the abuse and then use their knowledge to help others (Grossman, et al., 2006).

The survivor narratives that I studied suggest that speaking out contributes to making meaning because it is an act that moves the atrocity of the abuse from the private knowledge of the survivor to the public sphere. “The personal is political” (Hanisch, 1969) is a term that was adopted by second wave feminists that came to represent the idea that women’s personal issues such as domestic violence and access to healthcare were actually political issues. The term “the personal is political” is linked to the idea of “consciousness raising,” which is a form of political activism used by feminists to bring issues that were previously seen as personal, to wider public knowledge (Brownmiller, 2000). The concepts of “consciousness raising” and “the personal is political” were evident in the stories that I studied.

The authors actively made meaning of their abuse by speaking out publicly in order to raise awareness about the prevalence and the horror of CSA, such as when Richardson stated that she wrote her memoir “for the main purpose of aiding others but also to give voice to the devastation of child abuse” (Introduction). Wisechild also acknowledged that her hope was to contribute to a cultural shift in the way that we understand the abuse of children and the way that society makes allowances for violence against women and children, “Finding our stories causes us to ask ourselves honest searching questions about why we are as we are and why we treat other people the ways that we do” (Preface). Wisechild stated in her third edition preface, “In order to heal we must name the violence done to us and that we inflict upon another.” By speaking out, the authors were relieving themselves of the burden of carrying the secrets from their past, as well as contributing to the healing of others.

5.1.3 Connecting to Others

The ideas of connection and commonality were apparent in all three of the memoirs that I included in this study. The term connection was conveyed when the authors spoke of reaching out to others, leaning on others for support, and nurturing relationships. Connecting with others was both challenging and comforting for the authors, as reflected in the statement of a group member in *Boys and Men Healing from Child Sexual Abuse*, “I always say I have a ring of fire around me and it’s a conscious effort to let that down.” And when Wisechild stated, “I feel better after talking with my friends... I don’t feel like I deserve my friends. And I’m afraid of them because they’re people. But I’m lucky to know them” (p. 98). CSA is a severe transgression of interpersonal boundaries, which has implications for the survivor’s ability to establish and maintain connections with others (Lamoureux, et al., 2011; Herman, 1997). Herman (1997) posited that the bodily invasion of sexual abuse demonstrates to the child such a lack of personal autonomy and dignity that they lose the sense that they “can *be oneself* in relation to others” (p. 53).

Others have suggested that CSA is a result of the patriarchal family structure and that survivors’ loss of connection is related to the societal messages they receive about their lack of worth by cultural standards; male survivors are not worthy men because they allowed themselves to be victimized and women survivors somehow deserved it, or are sullied (Warner, 2009; Ovenden, 2012). The authors in this study all made mention of their struggle to overcome the effect that their abuse had on their ability to connect with others. The authors stated that part of

the reason that they had trouble initiating relationships was that their abuse had left them with a sense of shame, meaning that they feared that others would reject them because of their inner badness. The supportive relationships that they encountered throughout their lives worked to ease that shame, provided instrumental support while working toward healing, and worked to teach them about healthy relationships, as evidenced by Richardson's statement about her connections, "I have gained a loving and supportive circle of people around me that have filled me with an unconditional love that I never felt before" (p. 128).

The idea of commonality was reflected in the authors' statements about their *sense* of connection to others who had shared their experience of abuse. This sense of connection was facilitated by meeting other survivors, or from hearing others' stories of survival and healing. The realization that they were not alone in their suffering was very meaningful for the authors in my study. It seemed that the greater the isolation felt by the survivors, the greater the meaning that commonality of experience had for them. A sense of isolation was especially pertinent in the stories of the men survivors. Isolation and shame go hand in hand (Feiring et al, 2002). Male survivors experience a greater sense of isolation for several reasons; males are victimized less often than females, but there is more of a social taboo around male victimization because it does not fit into gender norms, therefore men are far less likely to speak out about sexual abuse (Alaggia & Millington, 2008; Grossman, et al., 2006; O'Leary, 2009). For the authors in this study, the knowledge that they were not alone in having been sexually abused, that others also experienced debilitating effects from their abuse, and that others were healing alongside of them, was essential for lessening their shame.

Commonality in healing was also a relevant topic discussed by the authors. Several suggested that they felt a responsibility to do the painful work of healing as a way to heal a community or as a contribution to society. Richardson stated that she hoped that there was "a purpose for the suffering that [she] was enduring" (p. 88) and that her hope was that she could use her journey to help other survivors "understand that they are not alone, and that there is a way out of the secret" (p. 129). Wisechild expressed, "I'm overwhelmed by the need for healing which stretches beyond myself" (p. 269), communicating that she felt a dedication to use her journey to contribute outward, to others, and to "planetary wounds" (p. 272). Wisechild's messages about commonality and collective healing are indicative of a sense that healing can be more than a personal journey; it can be a contribution to ending violence on a larger scale. One's

testimony about abuse can be what breaks through the isolation felt by another survivor, but it can also contribute to a shift toward a culture that does not tolerate the victimization of children.

5.1.4 The Narrative Thread

The narrative thread represents the underlying concept of narrative inquiry; that our stories are representative of our selves, and that we construct our identity through discourse (Moen, 2006). Furthermore, the act of telling one's story, including the choices made about how, when, and to whom the story is told, reveals the function of the narrative (Bamberg, 2012). The themes that I present are related to the concepts of identity and function in that they are about how identity is shaped during the process of healing, and that telling one's story serves the function of challenging traditional cultural narratives, as well as informs and empowers the readers of such memoirs.

The ideas expressed about healing by the authors of the memoirs were spoken about as part of their overall story of healing. Each component of that journey was connected to the other. The themes of The Process of Transformation and Connecting to Others were connected because caring and nurturing the self (part of The Process of Transformation) established a level of safety that made reaching out to others possible (part of Connecting to Others). Under the theme of From the Private to the Public, I discussed how the survivors acknowledged their own pain and suffering therefore breaking out of their own denial. Acknowledging and remembering the abuse was necessary for them to speak out to others, which often marked the first step towards them making their healing a priority and acknowledging their own worth, therefore linking that theme with The Process of Transformation. The theme of Connecting to Others encompassed the ideas of collective healing, the support of others, and learning to negotiate healthy relationships. Oftentimes, the authors spoke of how others taught them to be kind to themselves, that scaffolding of compassion contributed to their transformation of self. Speaking out against their abuse and developing boundaries within their relationships allowed the authors opportunities to initiate new relationships, as well as end unhealthy relationships.

The picture that emerged from the memoirs that were included in this study was one of a complex and interrelated process of healing. Furthermore, a narrative study of the memoirs reveals knowledge about how identity is shaped by gaining meaning from their experiences of abuse, and that telling their story both shaped and revealed their identities to other survivors and non-survivors who would read their memoirs. Their journey was a teaching tool and a way of

reaching out to connect with other survivors, which allowed their identities to be transformed once again into that of teacher, and giver of knowledge

5.2 Socio-Cultural/Political Context

As a hermeneutic inquiry, the interpretation of the memoirs included in this study has been done through the lens of critical feminism. Also, narrative inquiry requires an understanding of personal narratives as contextualized and culturally embedded (Moen, 2006). As such, I have included a discussion of the results from a critical feminist perspective. The sexual abuse of children is a gendered issue and cannot be properly understood apart from the socio-political and cultural landscape (Whittier, 2009). All of the stories from the authors in this study struggled against the oppression inherent in the imposition of a patriarchal system. Wischchild in particular spent time in her memoir communicating her knowledge of how the assumption of male superiority and power inequality had contributed to her abuse, and hindered her healing. The inclusion of men as authors in this study was consciously done, in that they expressed how gender role socialization and gender norms impose on the lives of men and women. Just as sexual abuse cannot be fully understood outside of its wider social context, the concept of healing cannot be fully understood outside of context as well.

5.2.1 Understanding Abuse through a Critical/Feminist Lens

A feminist perspective of abuse allows for an understanding that shifts the focus and responsibility from the child, to the perpetrator, and to the proliferation and maintenance in oppressive gender norms (Seymour, 1998). When the men in *Boys and Men Healing from Child Sexual Abuse* spoke of gender socialization, they spoke of its rigidity; that masculinity is a narrow construct that has little flexibility. For them, the abuse that they had suffered did not fit in with their gender socialization. Seymour (1998) attributes gender sexual socialization as a contributing factor in the sexual abuse of children in that men are socialized to be dominant, and to see sex as a conquest. Women are socialized to be sexually submissive and that their value lies in their ability to please men sexually. Gender norms position women and girls as the sexual possessions of men. When one views the traditional family as a “microcosm of the patriarchal system” (p. 417), the opportunities for the sexual abuse of children become more apparent; the abuse of children becomes more acceptable when they are understood as the possessions of adult men. Seymour goes on to posit that some men take advantage of this power differential because

the socialization of men does little in the way of preparing them to manage complex emotions, or in developing a sexual identity that involves a mutual loving connection (1998). A perpetrator's insecurity with his masculinity combined with the need to exert control and dominance over another leaves children as targets when those needs are not met in adult relationships (Seymour, 1998).

Women, on the contrary, are socialized to be passive in sexual situations (Seymour, 1998). Women are also given mixed messages about the value of purity and the competing value of their sexual attractiveness to men. Girls who are sexually abused are in a double bind based on their perception that it was both their responsibility to remain pure, and that they inadvertently caused their abuse with their dangerous sexuality (Warner, 2009). Furthermore, women are ripe for experiencing shame after abuse within a culture that re-victimizes the survivors of rape and abuse by shifting the blame from the perpetrator to the victim (Warner, 2009). Richardson spoke about her initial hesitancy to seek out help for her abuse because she was afraid that no one would believe her, that her abuse was not serious enough, and that it was her responsibility to protect her family and abuser from public scorn. Richardson experienced fear because she was coming out with her abuse within a social structure that has historically reacted to survivors in ways that silenced and oppressed them (Warner, 2009). The fact that authors in this study all overcame the social pressure to stay silent meant that they have contributed to political discourse about CSA.

Survivors of CSA may suffer the internalization of social condemnation leveled against victims of sexual violence (Ali, 2004; Hayes, Lorenz, & Bell, 2013; Pedersen & Stromwall, 2013). Individual's need for a belief in a just world leads to the cognitive fallacy that people deserve what happens to them (Hayes, et al., 2013). CSA, along with all forms of sexual violence, exists within, and because of, power inequities inherent within a patriarchal society, and therefore; is subject to forces that exist in order to maintain said power inequalities (Chesler, 2005; Seymour, 1998). An example of these social forces at work is the memory debates of the 1990's (Gaardner, 2000; Whittier, 2009). Within the communities of psychological research and therapy, as well as in the popular media, the discourse on CSA had shifted toward scepticism of the stories of survivors and pity for those accused of committing abuse (Whittier, 2009). Public and private discourse has the power to shape, change, and deprive individuals of identity (Thompson, 2012).

The memory debates of the nineties displayed how public discourse, which is shaped by gender politics, can shape the experience and the identity construction of survivors. Wisechild expressed how her healing was greatly affected by the public discourse calling into question the validity of her experience, and how her healing was characterized by overcoming the blame and disbelief she experienced from society. Healing exists not only on a personal level, but in opposition to the social, cultural, and political structures that further oppress survivors of CSA.

5.3 Self-compassion

In addition to my discussion of the results of this study within a feminist and social critical context, I also include a discussion of self-compassion as it relates to the themes that emerged from the data. Self-compassion is conceptualized as an alternative way of responding to the self in times of distress, whether that distress is caused by something that the individual has done, or is completely beyond the control of that individual (Neff, 2003). Having compassion for another human being involves understanding their pain and developing a desire to alleviate that suffering (Neff, 2003). Compassion also involves knowing that all human beings are fallible and that one should not be judged based on their misfortunes or failures (Neff, 2003). Self-compassion, therefore, involves the understanding of one's own pain and suffering, the knowledge that their pain is part of the human condition, and an attempt to alleviate one's own pain (Neff, 2003).

As mentioned above, my previously held assumptions about healing after CSA involved the concept of self-compassion. Clearly, my understanding of the concept of self-compassion has impressed itself on my interpretation and organization of the data. As I have conducted this narrative research in the hermeneutical tradition, it fits that I have incorporated my previous held assumptions in a reflexive way, rather than attempted to bracket them. For this reason I have included a discussion of the three components of self-compassion and how they have both emerged from and shaped the themes resulting from this study. I have also included a discussion of self-compassion as a construct related to psychological well-being, as it is discussed in the literature.

5.3.1 Self-Kindness

Self-kindness entails treating oneself with care and understanding instead of judging oneself harshly in the face of negative life events (Neff, 2003). Self-kindness is about relating to

oneself with the care and love that we deserve simply for the fact that we are human and that qualifies us to deserve care and love (Neff, 2012). For someone to embrace themselves with kindness, they first must understand that they are worthy of kindness, which was difficult for some of the authors in the memoirs. The abuse that the authors encountered in childhood left them with the notion that there was something bad about them that caused the abuse, which manifested itself in a deep seated feeling of shame. Part of the process of healing was moving from shame to a sense of inherent self-worth.

The process of learning about one's inherent worth, and in turn, learning to treat oneself as though they have worth is analogous to the journey that was reflected in the theme, The Process of Transformation. Self-kindness was reflected in the survivors' statements when they learned that they could spend time and energy making themselves feel good, because they deserved to feel good, such as when Tony said that asking for help was a "profound act of kindness" that he was able to do for himself. When Richardson spoke of setting boundaries with her family, she was creating those boundaries in order to show herself kindness, such as when she structured her relationship with her mother so that she could enjoy her pregnancy. The authors also learned that they did not have to strive for perfection, and that part of their journey was learning that, as Neff (2012) points out, "We can't always get what we want. We can't always *be* who we want to be" (p. 2). Wisechild's statement encapsulated the concept of self-kindness when she said, "Healing is a process of knowing yourself with love".

For the authors in this study, it seemed as though healing was a process of learning to treat themselves with kindness, and that self-kindness enabled them to continue doing the work of healing. According to the authors, healing was a difficult journey that was fraught with setbacks, such as when Wisechild confronted her family and they did not believe her, or when Richardson had to use anti-anxiety medication when she hoped to be able to work through her anxiety solely with therapy. Instead of harshly criticizing themselves, the authors were able to use self-kindness in those situations in order to persevere, which was exemplified when Richardson told herself "I had to humble myself to the realization that I had a chemical imbalance, and that I had not failed as a person" (p. 113). Wisechild's inner critic, Sarah, was indicative of the type of self-criticism that is in opposition to self-kindness and she learned to sooth the voice of Sarah. According to Neff (2012), the authors in this study were able to accept their reality with benevolence, and use kindness to help themselves cope.

5.3.2 Mindfulness

To be mindful, one must not ignore their pain, however; they must neither ruminate on their pain to the point that the suffering associated with it becomes all encompassing (Neff, 2003). Mindfulness is a state of awareness of thought and emotion (Neff, 2012). Mindfulness requires that we acknowledge our suffering and let ourselves experience it. The denial and silence that was expressed by the authors in this study was the opposite of mindfulness. Mindfulness was achieved by the authors when they were able to acknowledge for themselves and to others that the abuse happened and that it was causing them pain and suffering.

One of the group members in *Boys and Men Healing from Child Sexual Abuse* stated that his healing only began after he “owned” what happened to him. Also, Richardson expressed that keeping her secrets locked up had affected every aspect of her life and that being the only one to know the secrets from her past was too much to bear. The concept of having one’s thoughts and secrets trapped in one’s own head brings to mind the concept of rumination, wherein one is overly focused on negative thoughts (Neff, 2012). That narrow focus has negative implication for one’s self-worth (Nolen-Hoeksema, 1991). For the authors in this study, bearing the burden of the secret of their abuse allowed them to blame the abuse on themselves and to let shame flourish.

Speaking out about the abuse made way for opportunities to acknowledge their pain publicly, and to fully experience the grief for what had happened to them as children. The acknowledgement of their abuse was often in the form of placing blame with the perpetrator in order to remove shame that was not theirs to bear. Wisechild’s *Sure Voice* stated, “When you speak, it must be for yourself... All of the shame that has been planted inside of you is ready to be weeded... Waiting to be returned to the sources of it” (p. 190). Mindful awareness of difficult situations makes space for mental clarity and perspective (Neff, 2012). The perspective created by mindfulness allowed for the survivors to clearly see the circumstances surrounding the abuse and to realize that they were not to blame. Furthermore, the concept of mindfulness showed itself in the authors’ comments about how they learned not to be afraid of their emotions, and that it was alright to experience and express a wide range of emotions. The men in *Boys and Men Healing from Child Sexual Abuse* learned that they could reconstruct masculinity to make room for experiencing and managing emotions and Wisechild expressed that she learned to

embrace fear and anger, “I breathe into the sensation, feeling it as deeply as possible. In the past, my fears spiraled into a consuming panic until I learned to meet the fear and listen” (p. 268).

5.3.3 Sense of Common Humanity

Having a sense of common humanity involves viewing one’s experience not as isolating and apart from others, but as part of the human experience (Neff, 2003). Self-compassion entails the understanding that suffering and pain connects us to humanity rather than isolates (Neff, 2012). All too often, when encountering life challenges or tragedies, the natural response is to feel isolated and alone in being inadequate or broken. The concept of isolation was certainly reflected in the statements of the authors in this study. Every one of the survivors who lent their voice to the memoirs in this study stated that at one point in time they felt as though they were the only ones who were experiencing their unique type of pain. In the case of sexual abuse, the social taboo surrounding the topic means that a sense of isolation is typical because it is not often discussed. Furthermore, some of the authors in this study stated that they felt that their abuse was either so awful, or not awful enough to warrant a sense of connection with other survivors.

With the support of loving connections and their communication with other survivors, the authors learned to develop their sense of common humanity. The men in *Boys and Men Healing from Child Sexual Abuse* expressed the healing power of connecting with other male survivors, such as when David stated that he routinely witnessed men weep with relief when they first stepped into a group therapy session. The authors in this study were able to take those instances where they had heard another’s story of abuse and then develop their sense of common humanity to understand their lives after abuse with more compassion. The authors’ sense of common humanity had a normalizing effect on their reactions to the abuse. For instance, when Wisechild was better able to trust that she could believe her memories of abuse because she heard that similar things had happened to other children, she was comforted that she was not going crazy, but that she was reacting normally to abuse.

5.3.4 Self-compassion and Well-being

While much of the research is correlational, evidence seems to support self-compassion’s influence in many facets of well-being (Neff, 2012). One of the most consistent findings is the negative relationship between self-compassion and both anxiety and depression (Neff, 2009). In part, self-compassion is characterized by a lack of self-criticism, and self-criticism is associated

with anxiety and depression (Blatt, 1995). Neff, Kirkpatrick, and Rude found that self-compassion's link with decreased anxiety was explained by more than just the absence of self-criticism by having participants expressly criticize themselves by writing a response to "please describe your greatest weakness" (2007 p. 142). They found that self-compassion buffered against anxiety when faced with an ego threat (Neff et al., 2007).

Self-compassion is also related to wisdom and emotional intelligence (Neff et al., 2007). People with high levels of self-compassion showed lower levels of rumination, thought suppression than those with low levels of self-compassion (Neff et al., 2007). Those with high levels of self-compassion also showed better emotional coping skills including a more clear understanding of their emotional states and ability to rebound from negative emotional states (Neely, Schallert, Mohammed, Roberts, & Chen, 2009).

In terms of positive emotional states, self-compassion is related to higher levels of happiness, optimism, and curiosity (Neff, Rude, & Kirkpatrick, 2007). Researchers have also found that self-compassion is related to feelings of social connectedness, life satisfaction, autonomy, competence, and relatedness (Neff, Pisitsungkagarn, & Hsieh, 2008). Neff suggests that positive emotional states are bolstered by self-compassion as a counter-balance when pain is cushioned by the comfort of self-compassion (Neff, 2012).

Those individuals who are able to respond to themselves with self-compassion are also more able to be emotionally connected and supportive in their relationships with others (Neff & Beretvas, 2012). In a study of 104 couples who completed on-line surveys, Neff and Beretvas found that self-compassion was related to healthier romantic relationships based on participants' appraisal of their partners' care, autonomy, relatedness, and emotional connection (2012). The author also found that self-compassion was negatively related to control, detachment, dominance, and verbal aggression (Neff & Beretvas, 2012). The authors suggest that those individuals who are more accepting of themselves, are more accepting of their partners, and that those who treat themselves with more care and compassion, have more emotional resources to devote to others (Neff & Beretvas, 2012).

In light of the results of the current study, and the literature that links self-compassion to various aspects of personal well-being, the possibility of self-compassion's role in healing and resilience after CSA becomes more likely, especially in consideration of what we know about the survivors' experience of shame. Like all phenomena of the social realm, healing from CSA and

the role that self-compassion plays in it, is incredibly complex. What previous literature makes clear is that people who exhibit self-compassion are also more likely to possess various skills and attributes that are associated with personal well-being, which may facilitate healing after CSA.

5.3.5 Implication's for Self-compassion and Healing from Child Sexual Abuse

Researchers in the field of self-compassion have begun to explore the construct as it pertains to child maltreatment (Tanaka, Wekerle, Schmuck, Paglia-Boak, 2011; Vettese, Dyer, Li, Wekerle, 2011). Researchers first sought out to understand if child maltreatment had any effect on one's capacity for self-compassion (Tanaka et al., 2011). In their 2 year longitudinal study of maltreated youths receiving services from child protection services, Tanaka and colleagues (2011) found that higher levels of emotional abuse, emotional neglect, and physical abuse were associated with lower self-compassion. The authors also found that youths with lower levels of self-compassion experienced more psychological distress, substance abuse, and suicide attempts, than those with higher self-compassion. Based on these results, Tanaka and colleagues (2011) suggest that child maltreatment leads the individual to see the self in negative terms, which leads to feelings of shame and worthlessness, an increase in self-punishment, and a lack of self-soothing strategies.

The findings of the above study were expanded on by Vettese and colleagues (2011) in their study consisting of 81 youth participants in treatment for substance abuse and with histories of child maltreatment (Vettese, et al., 2011). The authors were concerned with whether self-compassion would play a role in mitigating the effects of earlier child maltreatment in terms of emotional regulation (Vettese, et al., 2011). Similarly to Tanaka et al., Vettese and colleagues found that higher levels of maltreatment contributed to higher levels of emotional dysregulation and lower levels of self-compassion (2011). Furthermore, the authors were able to demonstrate self-compassion's predictive nature in determining emotional regulation and the self-compassion mediated the relationship between child maltreatment and emotional dysregulation, such that child maltreatment reduces self-compassion, which results in greater emotional dysregulation later on (Vettese, et al., 2011). The authors conclude that self-compassion may play an important part in mitigating the effects of child maltreatment and that further research should try to understand a possible causal relationship.

My study does not aim to establish a causal relationship between self-compassion and healing from child maltreatment, but its findings suggest that those who experience CSA have a

difficult time incorporating compassion into their view of self. Wisechild, Richardson, and the men in *Boys and Men Healing from Child Sexual Abuse*, all related experiences of cruelty and judgment turned toward themselves. As suggested by the above researchers, self-compassion is negatively affected by higher levels of childhood maltreatment, such that more severe levels of abuse, or longer periods of abuse, may have a more impactful result on self-compassion. All of the authors in the current study state that they struggled with shame, which is the opposite of self-compassion, since shame is characterized by a feeling of innate badness which is the antithesis of the root of self-compassion; a belief that one is deserving of care and kindness based on one's innate worth as a human being (Neff, 2003; Talbot, et al., 2004).

5.4 Current Findings and Previous Research

The current study contributes a narrative understanding of healing as it is communicated in the memoirs of CSA survivors and has resulted in several themes related to the narrative concepts of identity construction, the communication of identity, the function of narrative in challenging dominant cultural narratives, and the function of narrative to affect others (Bamberg, 2012; Bamberg, 2007; Thompson, 2012). The results of this study constitute a confirmation of some previous findings, as well as a unique understanding of healing as it exists in the memoirs of survivors. Previous research on the experience of healing from CSA has identified several key themes that emerge when prioritizing the experience of survivors of CSA. Such research has identified that somehow making meaning of the abuse is important in contextualizing one's experience and understanding in terms that will help the survivor incorporate it into their understanding of their life and their world (Draucker et al., 2007; Grossman, et al., 2006).

The current study's results suggest that the authors' contextualized, and made meaning of their abuse in a variety of ways, including understanding abuse as a result of dysfunctional family dynamics, societal power inequalities, and corrupt cultural institutions, which allowed them to shift blame from themselves to others. Furthermore, the authors made meaning from the abuse by viewing it as a trial that transformed them into strong survivors, therefore; they understood their identities as being shaped by overcoming the effects of the abuse. Other themes identified in the research include disclosure of abuse, relating to others, re-evaluating self, managing emotions, and assisting other survivors (Draucker, et al., 2007; Draucker, et al., 2011; Spearman, Darlington, & Gibney, 2013), all of which are reflected in the results of the current study.

Where my study departs is that I have studied the memoirs of survivors as an explicit attempt to understand the how the act of telling one's story, and the choice of using memoir as a platform for communicating that story to other survivors, as well as non-survivors, influences the healing journey. I have focused on the process of identity transformation as it is revealed in the memoirs, and have linked identity transformation with the concept of self-compassion. In keeping with the philosophical underpinnings of narrative inquiry, all narrative studies constitute a new or unique contribution to the body of knowledge on a particular topic, because all narrative inquiry is reflective of the researcher's unique history, background, influences, and biases, as well as the political, cultural, and societal climate of the moment.

5.5 Strengths and Limitations

I undertook this study in order to contribute to the research on healing from CSA in a way that privileged survivor knowledge, and did not view survivors based on disorders or dysfunction, but rather on strength and resilience. A strength of this study is that it explored the personal narratives of survivors and valued the idiographic knowledge that came from them, rather than focusing on prescriptive models or generalizations. My study was meant to listen in on the communication that happens between survivors in the form of memoir, and report on the meaning that I, as observer and researcher, was able to glean from it. This study is, to my knowledge, the only one that uses qualitative methods to study the concept of healing from child sexual abuse using memoir as a source of data. Positioning the results within a feminist and social critical context was important, as much of the research that is done on the topic of child sexual abuse is done while ignoring the gender politics of the issue. Furthermore, my research suggests a thematic connection between the concept of healing from child sexual abuse and the concept of self-compassion. Overall, this research study presents a complex picture about healing from child sexual abuse that aims to embrace the complexity, rather than narrow the focus.

Qualitative research is inherently limited by the fact that it cannot be generalized to the greater population (Creswell, 2009). The same is true for my study of existing narratives, which is an attempt at a better understanding of healing from CSA as it is being negotiated and constructed by survivors of CSA. Although each experience is unique to the individual it is hoped that the reader will be able to gain their own meaning from the study. I have forwarded the results of my study to one of the authors of the memoirs in order to have her review my

findings and provide her opinion on their authenticity. Furthermore, I have included many direct quotations and a detailed background for each memoir in order to provide context.

Because I am conducting research through the lens of feminism, it is important that I am cognisant of the ways that my research may contribute to the further oppression of oppressed and marginalized groups. My choice to use memoirs as data was in the feminist tradition, but brought up new issues about justice and voice. I had to ask myself, was I privileging the voice of the privileged? For research to avoid oppression, it is important that individuals who are generally marginalized are given the opportunity to have their voice heard. I had to take into consideration that people who are able to secure publishing deals could be thought of as already having privilege. I came to the conclusion that my study of memoirs was worthwhile because there is wide access to them and they are commonly sourced by CSA survivors to assist in their healing. I felt that it was worthwhile to have a better understanding of that communication and that survivors would benefit if the research community knew more about how healing is communicated in those memoirs. Furthermore, I worked to include diversity in the authors that I chose for the study, and included a memoir that was published through a self-publishing website.

5.6 Considerations for Future Research

The growing body of research on the topic of child sexual abuse is critical to developing our knowledge on the experience of survivors. As such, it is important that we continue to expand our knowledge on the topic of healing from child sexual abuse. It is critical that we move the conversation toward the notion of survivors as strong and resilient, rather than disordered and dysfunctional. Survivors deserve more compassionate treatment in the literature and in the care they receive from the mental health care system. Future research must not ignore the ways that social, cultural, and political factors contribute to the sexual abuse of children, and hinder their healing.

My study has resulted in three themes related to healing from child sexual abuse as communicated in memoir. Future research might look at these themes in isolation and explore them more deeply. For instance, the research questions for a future phenomenological study, might ask, how do survivors of child sexual abuse exhibit self-nurturing during experiences of shame and self-doubt? Or perhaps a future study of the concept of social connectivity and healing might seek to better understand how survivors described their reactions to entering into a therapy group for CSA survivors. Also, I posited in the discussion of my results that the concept

of self-compassion was embedded in the themes that emerged from the memoirs. Future research might expand on this line of thinking, such that researchers would ask survivors about their understanding of self-compassion and if it played a role in their healing. Finally, future research into survivors' understanding of the socio-cultural and political factors surrounding their abuse is timely and worthwhile.

5.7 Considerations for Helping Professionals

As previously mentioned, I am currently working as a counsellor in a public school division, and have worked as a counsellor to adults during a nine month practicum in Community Adult Mental Health Services. It is of particular interest to me that research on the topic of childhood sexual abuse serves the public by informing helping professionals about the experience of those who have lived through it. As the memoirs that I have studied in the current study are publicly available texts, it stands to reason that helping professionals could go out, pick them up and learn from them themselves. The value of my research lies in its status as a second level narrative (Gudmundsdottir, 2001). I have constructed a narrative from an event that had already been ascribed meaning through the authors. By selecting the memoirs that I did, and then performing a narrative analysis on them, I have added a level of interpretation that bears my own history and perspective. Furthermore, the finished document that is my thesis will leave open the conclusions of my study for further culturally embedded interpretation (Moen, 2006).

The implications of my results for helping professionals is that they may understand these memoirs in terms of the way that discourse can shift and change the identity of the survivor. When survivors write down their stories, tell their stories in group settings, and tell their stories to a helping professional, they are navigating their own shifting identity based on the audience and the setting. The results of my study suggest that telling one's story is empowering and allows them to challenge previously held ideas about themselves that may have transmitted to them by others or by social narratives that condemn victims of CSA. When bearing witness to a survivor's testimony about their abuse, professionals may shift their thinking from that of listening to a disclosure of abuse, to understanding that they are witnessing a transformation of self.

Helping professionals must understand that CSA survivors construct meaning about their abuse that is influenced by social and cultural forces. Survivors may or may not view their abuse through a socio-political or feminist lens like Louise Wisechild did, but professionals should

practice from a perspective that recognizes the forces outside of the survivor that have shaped their experiences. Furthermore, helping professionals can take from my study the importance of belongingness and connection in healing from CSA. They may wish to encourage the survivor to join a survivor's support group, or engage in group therapy. Also, if a professional is working from a feminist perspective, and rejects the notion of diagnostic labels to describe normal coping responses after CSA, they might consider that the survivor may find a sense of belongingness in a group of individuals with the same diagnostic label.

Finally, helping professionals may consider the discussion about self-compassion as it pertains to the results of the current study by wondering how it may play a role in the lives of survivors that they work with. I argue that education about self-compassion and a willingness to discuss self-compassion within a therapeutic relationship may shine a light on identity construction, mindful awareness of their pain and their journey, as well as their connection to important others and a community of survivors; all of which were identified as important components of healing by the authors of the memoirs. Questions a helping professional might as include: Does she incorporate self-kindness into her life as part of an identity constructed in light of the notion that she is worthy of care, based on her value as a human being? Is a discussion of mindfulness bolstered by a willingness to acknowledge her pain and suffering, or does she deny her experience of pain because she 'caused it'? Would her sense of isolation and shame be eased by a discussion about a memoir of an experience similar to hers, therefore increasing her sense of common humanity? These are all questions that I think that could be asked within a therapeutic relationship and hopefully, my study will contribute to the knowledge that informs the practice of counsellors, psychologists, social workers, and other helping professionals.

5.8 Conclusions

The messages conveyed by the authors of the memoirs in this study suggest that healing from child sexual abuse is both an inner life experience and an outer life experience. The factors of healing are interconnected in complex ways. Understanding their abuse within socio-political and cultural systems was healing for the authors because it lessened their shame. Turning toward themselves with self-compassion was an act of care and nurturing that facilitated healing, but was also a result of healing. Self-compassion was a conscious effort that required the survivors to overcome the socialization process. The survivors were taught to blame themselves, and to find fault in who they were to explain the abuse. The women authors were acting and feeling

within a system that regarded them with little value and that told them that their worth lied in their status as objects of sexual desire. The male authors were acting and feeling within a system that socialized them to be sexually dominant and where the rigid construct of masculinity left no space for their experiences of sexual victimization. For the survivors that lent their voices to the memoirs in my study, healing was a highly personal, as well as a political act.

The study of three memoirs on the topic of healing from child sexual abuse resulted in nine themes that were discussed as three overall themes: The Process of Transformation, From the Private to the Public, and Connecting to Others. Throughout a reading of the memoirs, a picture emerged of individuals that were coping and thriving after seemingly insurmountable adversity. I found that their stories were truly inspirational; as I am sure many others have found them to be. The fact that I am not a survivor of child sexual abuse means that I can never truly know how a survivor internalizes the messages from these memoirs, however I do know that connecting to the suffering and the triumph of others is inherently therapeutic. My hope is we develop our understanding that healing will continue to happen if we continue to listen to and learn from the voices of survivors.

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